1/16/25, 5:14 PM

Division of Corporations



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(((H25000020025 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C11				
rma11	Address:			

LLC REGISTERED AGENT CHANGE IMMACULATE FITS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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JAH 2 1 2025

To:

	COVER LE	TTER	
TO: Registration Section Division of Corporations		•	
SUBJECT: IMMACULATE FIT	rs llc		
Name (of Limited Liab	oility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the fo	llowing:	
Erik Treutlein			
Name of Person		-	
Legalzoom.com. Inc.			
Firm/Company		-	
9900 Spectrum Dr			
Address		-	
Austin, TX 78717			
City/State and Zip Code		-	
freemanjaniya16@gmail.com			
E-mail address: (to be used for future annual	report notifica	ation)	
For further information concerning this matter, ple	case call:		
Erik Treutlein	800 at (773-0888 ext 9724	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		LING ADDRESS:	
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:		
□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company:	ACULATE FITS LLC
2. ((b)
• •	Principal office address of limited hability comp (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited liability company:
	11620 DOWNS LOOP	11620 DOWNS LOOP
	RIVERVIEW, FL 33578	RIVERVIEW, FL 33578
	01/06/2025	L25000008490
3.	Date of filing/registration in Florida	4. Document number
5. ((a)	
ν. (Registered Agent and Registered Office shown on the re	ecords of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)
	11620 DOWNS LOOP	2
	RIVERVIEW	
(1	b)	
`	Enter name of NEW Registered Agent and/or NEW R	egistered Office address:
	UNITED STATES CORPORATION A	AGENTS, INC.
	NEW Registered Office Address:	
	476 Riverside Ave.	
	Jacksonville	, FL 32202
the c agen was/	change or changes are made, the Florida street ad- at will be identical. Or, in the case of a Florida lin	er the laws of the State of Florida, it is hereby confirmed that after ldress of the registered office and the business office of the registered mited liability company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise provided in
	gnature of a member or authorized representative of a member	
I he prov the c to m notif	reby accept the appointment as registered agent visions of all statutes relative to the proper and cobbligations of my position as registered agent as erely reflect a change in the registered office additional inviting of this change.	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and accep provided for in Chapter 605, F.S. Or, if this document is being filed dress, I hereby confirm that the limited liability company has been
	ature of Registered Agent	: