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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:	
Name: Merritt Knickle	
Reference #:	
Entity Name: PLANET FITNESS EQUIPMENT, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Signature: 、从オオオ メヒ)	

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

Pursuant to the provisions of sections 605.0114, 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: PLANET	FITNESS EQUIPMENT,	LLC
2. (a) Principal office address of limited liability comp	pany; 4 Liberty Lane West	
(MODEL MODEL DE STREET (MODELESS)	Hampton, NH 03842	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Liberty Lane We	est
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Hampton, NH 0384	2
December 5, 2005	M05000006678	
3. Date of filing/registration in Florida	4. Document number	22
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	
Registered Agent:	CT Corporation Syste	em 💮 😥 🗈
Registered Office Address:		
6	1200 South Pine Island Road	
	Plantation, FL 33324	1 m
		ر. ب
(b) Enter name of NEW Registered Agent and/or b	NEW Registered Office adds	ess:
NEW Registered Agent:	COGENCY GLOBAL IN	C
NEW Registered Office Address:	115 North Calhoun St., Suite 4	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of thember or authorized representative of a member	ne Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a crwise provided in the articles	registered office lorida limited
Printed or typed name of signee I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity e proper and complete perforn y position as registered agent	v. I further agree to nance of my duties, as provided for in
address, I have by confirm that the limited liability com	merely reflect a change in the pany has been notified in writi	registered office ing of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)