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B. BOSTICK JAN **2 9** 2015

EXAMINER

COVER LETTER

Ø \$25 Filing Fee		\$55 Filing Fee & Certified	Сору		
Enclosed is a check for the following					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Name of Person	-	Area Code & Daytime	Telephone Number		
Donna	954 at (989-2889			
For further information concerning this matter,	•	,	•		
E-mail address: (to be used for future ann	ual report no	tification)			
City/State and Zip Code tbyrne@newrivercapital.com			10m 22		
Hollywood, FL 33021					
Address					
4010 Sheridan Street		· · · · · · · · · · · · · · · · · · ·	5 A		
Firm/Company		 .	201 201		
GRAND & GRAND, P.A.					
Name of Person		 .			
MARK S. GRAND, ESQ.					
Please return all correspondence concerning the	is matter to t	he following:	. r		
The enclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for	filing.		
Dear Sir or Madam:					
Name of Limited Liability Company					
PIVOTAL FITNESS OF FOI	RT LAUDE	RDALE, LLC			
Division of Corporations					

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. h	lame of the limited liability company: PIVOTAL FITNE	SS OF FOR	T LAUDERDALE, LLC	
2. (a)	928 North Federal Highway	(b) P. O. Box 21310		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33304	Fort La	uderdale, FL 33335	
)			
				
	11/04/2010	M10000	004890	
3.	Date of filing/registration in Florida 4		Document number	
5. (a)	Michael S. Bush			
(,	Registered Agent and Registered Office shown on the records of the Fl	orida Dept. of Sta	- 725 Z	
	110 SE 6th Street		2015	
	Registered Office Address MUST BE FLORIDA STREET ADDR	LESS)		
•	Fort Lauderdale FL 333	01		
	THOMAS C. BYRNE			
(b)	Bnier name of NEW Registered Agent and/or NEW Registered Offic	A address:	- 2	
	Contain Harrie-Or (VEW Account of Account and on Union Vestible) on the	e suppress.	A	
	928 North Federal Highway		•	
	NEW Registered Office Address:		-	
			_	
	Fort:Lauderdale PL 333	04.	_	
the cha	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the r	egistered offic	e and the business office of the registered	
Was/we	vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the	limited liabilit	ty company or as otherwise provided in	
the arti	cles of organization or the operating agreement of the limit	ed liability cor		
Signet	ure of a member or authorized representative of a member	1>ougla	Printed or typed name of signee	
I herel	ov accept the appointment as registered agent and agree to	act in this can	acity. I further agree to comply with the	
provisi the obli	óns of all statúles relative to the proper and complete perfo galions of my position as registered agent as provided for	rmance of my in Chapter 60.	duties, and I am familiar with and accept S. F.S. Or, if this document is being filed	
to mere notified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo gations of my position as registered agent as provided for by reflect a change in the registered office address, I hereb in writing of this change.	y confirm that	the limited liability company has been	
<u> </u>				
Signatur	e of Regulated Agent	•		

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

INHS18 (2/14)