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	(Requestor's Name)
	(Address)
	(Address)
	(Audress)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
((Document Number)
Certified Copies	_ Certificates of Status
Special Instructions to I	Filing Officer:
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	Office Use Only



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4-111 - 1117 - #4,50,00





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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE · AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	records of the Florida Department of
---	--------------------------------------

State: PF LAKE CITY LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia)30
3. Jurisdiction of its organization: New Hampshire	, 	• • • • • • • • • • • • • • • • • • • •
4. Date authorized to do business in Florida:	2/2017	
SECTION II (5-9 complete only the applicable of	rhanges)	
5. New name of the limited liability company: $\frac{L}{must}$	AKE CITY FITNESS LLC	É
(must	contain "Limited Liability Com	pany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting buaging members adopting the alto C." or "LLC.")	usiness in Florida and attach a emate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, <u>ldress here:</u>	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	Street Address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: F4249887-D718-487B-AD68-B21F94700E1F

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+ 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	<u>Address</u> <u>T</u>	ypc of Actior
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aforementioned ar	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is organ	the official having custody of records in the	_ 🗆 Remo
Jansalenon mider	Scan Calull	nzeu.	
		the authorized representative	
	Sean Cahill		
	Typed or prin	ted name of signee	

State of New Hampshire Department of State

CERTIFICATE

I. David M. Scanlan. Secretary of State of the State of New Hampshire, do hereby certify that LAKE CITY FITNESS LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on August 21, 2014. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 713458 Certificate Number: 0006709122



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 24th day of June A.D. 2024.

 $\frac{1}{2}$

David M. Scanlan Secretary of State



State of New Hampshire

Department of State



Business Name : LAKE CITY FITNESS LLC

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Business ID : 713458

Filing History

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0006708950	06/07/2024	06/07/2024	Amendment	N/A
0006569221	02/08/2024	02/08/2024	Annual Report	2024
0006420171	01/03/2024	01/03/2024	Annual Report Reminder	N/A ()
0006106086	02/03/2023	02/03/2023	Annual Report	2023
0005978932	01/05/2023	01/05/2023	Annual Report Reminder	N/A
0005671058	02/15/2022	02/15/2022	Annual Report	2022
0005549152	01/10/2022	01/10/2022	Annual Report Reminder	
0005358295	04/27/2021	04/27/2021	Annual Report	2021
0005203122	01/18/2021	01/18/2021	Annual Report Reminder	N/A
0004950801	07/07/2020	07/07/2020	Registered Agent Change	N/A
0004936359	06/24/2020	06/24/2020	Annual Report	2020
0004712238	01/07/2020	01/07/2020	Annual Report Reminder	
0004562217	08/09/2019	08/09/2019	Annual Report	2019
)004348778	01/02/2019	01/02/2019	Annual Report Reminder	N/A
ю0402273 <i>5</i>	02/27/2018	02/27/2018	Annual Report	2018
0003738598	01/01/2018	01/01/2018	Annual Report Reminder	N/A
003542796	03/16/2017	03/16/2017	Annual Report	2017
003548905	03/09/2017	03/09/2017	Registered Agent Change	
003463437	12/27/2016	12/27/2016	Annual Report Reminder	N/A
003218757	01/19/2016	01/19/2016	Annual Report	2016
003218753	01/19/2016	01/19/2016	Annual Report	2015
003005964	08/21/2014	08/21/2014	Business Formation	N/A

Mailing Address - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989 Physical Location - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH Phone: (603)271-3246 | Fax: (603)271-32471 Email: corporate@sos.nh.gov | Website: sos.nh.gov



State of New Hampshire

Department of State



Trade Name Information

Business Name		Business Status	
No Trade Name(s) associated to this business.			

Name History

Naine	Name Type
	Prev Legal

Principal Information

	Title
	Manager
2 0.11	Manager

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