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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 17, 2020

Order#: 510605-009

Re: FITNESS1 PLANTATION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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. N	ame of the limited liability company: FITNESS1 PLA	ANTATIO	ON, LLC		
2. (a)	3211 PONCE DE LEON BOULEVARD, SUITE 201	- · · · -	(b) 1501 QL	JAIL ST	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			SUITE 1		
	CORAL GABLES, FL 33134		NEWPO	RT BEACH, CA 92660	
	06/20/2018		M1800000	05796	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	KAZANIAN, MALVINA				
υ. (α	Registered Agent and Registered Office shown on the records of	f the Flor	da Dept. of Sta	ate:	
	3211 PONCE DE LEON BLVD., SUITE 201				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		
	CODAL CARLES	22424		_	
	CORAL GABLES , F	L33134	· 		
				19	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	<u> </u>	
	and just of just the state of just of	<u></u>			
	Corporation Service Company				
	NEW Registered Office Address:			- : 5	
	1201 Hays Street			-	
	Tallahassee . F	L 32301	İ		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the /s/ Mike Pilatos	e registe iability of the li e limited	ered office as company, it imited liabili I liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
I here provis the ob- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I and in writing of this change.	ree to a e perfori ed for in hereby	ct in this cap mance of my a Chapter 60 confirm thai	pacity. I further agree to comply with the	
Signal	ure of Registered Agent				