118000007544

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

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Y SULKEP MAR 0 9 2029 CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195						
REFERENCE	: 142711 8251480						
AUTHORIZATION	Spullelenan						
COST LIMIT	: \$25.00						
ORDER DATE : January 15, 2020							
ORDER TIME : 9:30 AM							
ORDER NO. : 142711-030							
CUSTOMER NO: 8251480							
CHANGE OF AGENT							
NAME: R & H FITNESS	PARKER LLC						
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:						
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Kadesha Robers	son						

EXAMINER'S INITIALS:



March 5, 2020

CORPORATION SERVICE COMPANY ATTN:KADESHA ROBERSON

SUBJECT: R&H FITNESS PARKER LLC

We have received your document for R&H FITNESS PARKER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the document number on page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00004853

Yasemin Y Sulker Regulatory Specialist III

Please give original

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	R&H Fitness Parker LLC						
	Name of	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office (Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	atter to the	following:				
Teresa	a Olson						
	Name of Person		_				
R&H F	itness Parker LLC						
	Firm/Company		_				
6400 S	Shafer Ct. Ste 250						
_	Address						
Rosen	nont, IL 60018						
	City/State and Zip Code		_				
АР@р	Intfoldings.com						
Ē	-mail address: (to be used for future annual r	eport notif	ication)				
For fur	ther information concerning this matter, plea	se call:					
Teresa	Olson at	224	267-2951				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
	Enclosed is a check for the following amo	losed is a check for the following amount:					
	□ \$25 Filing Fee	□ \$5	5 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.	Na	me of the limited liability company: R&H Fitness Par	ker LLC			
2.	(a)	6400 Shafer Ct. Ste. 250 Rosemont, IL 60018	_ (b) _	6400 Shafer Ct. Ste. 250 Rosemont, IL 60018		
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-)-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
				M18000007544		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	RAINS, CHRIS K				
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 208 S TYNDALL PKWY				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			
		PARKER , FL_	32404			
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		1201 Hays Street				
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
						
		Tallahassee , FL_	32301			
the age was	chai nt w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liab.	ne registere ility comp the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s)		
		Selice to Ulan	Teresa	Olson		
		are of a member or authorized representative of a member		Printed or typed name of signee		
pro the to n	visic obli nere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I her in writing of this change.	to act in I erformance for in Chaj reby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
Sig	patur	of Registered Agent Corporation Service Company	3Y:	Kadesha Roberson Asst. Vice President		