

M20000007718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

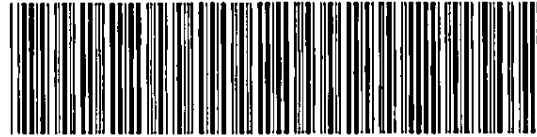
(Business Entity Name)

(Document Number)

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ALLIANCE FOR FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/30/2022



COGENCYGLOBAL

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

Date: March 28, 2022

Account#: I20000000088

Name: David Shulman

Reference #: 1593354

Entity Name: SUNSHINE FITNESS PRATTVILLE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$25.00**

Signature: David Shulman

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. Name of the limited liability company: SUNSHINE FITNESS PRATTVILLE, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>4 Liberty Lane West</u> <u>Hampton, N.H. 03842</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>4 Liberty Lane West</u> <u>Hampton, N.H. 03842</u>
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3. <u>9/3/2020</u> Date of filing/registration in Florida	4. <u>M20000007718</u> Document number
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5. (a) McGuiness, Shane
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1560 N. Orange Ave, Suite 300
Winter Park, FL 32789

(b) COGENCY GLOBAL INC.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Justin Vartanian

Justin Vartanian

Signature of a member or authorized representative of a member

Printed or typed name of signee

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, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00