## PO 200006579

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Ві	isiness Entity Nan	ne)
(Document Number)		
Certified Copies		
Special Instructions to Filing Officer:		

Office Use Only



400110466344

10/10/07--01007--023 \*\*35.00

SECRETARY OF SIATE OF SIGNIES ON OF CORPORATIONS OF CORPORATIONS

PS 18/15/07

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Flike Wullition + Fitness, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\rho 0300006579
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ellen D'Arcange lo (Name of Contact Person)
(Firm/Company)
6183 Riverwalk Lane, Unit 4
Oupiter FL 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 262-8265 (Area Code & Daytime Telephone Number)

Mailing Address

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Elike Nutrition + Fitness, Inc.
2. The principal office address: 675 W. Indiantown Road, Suite 100
Jupiter Fr 33458
3. The mailing address (if different): 6183 Rivervalk Lass Unity
Jupiler Fr 33458
4. Date of incorporation/qualification: 61/16/2003 Document number: 10300006579
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Elleri D'Arcangelo
6725 W. Indiantown, Suite 40
Jupiter FC 33458
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ellen D'Accarge lo
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Ellen DArcange IO  G183 Riverwalk Lane, Unit+  (P.O. Box NOT acceptable)  Opiter Fr. 33458  The street address of its registered agent
Apriler FL 33458
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of the other or director) Ellen D'Accange la President
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Ton J. a. Diet J. Vanna)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*