

P04000078634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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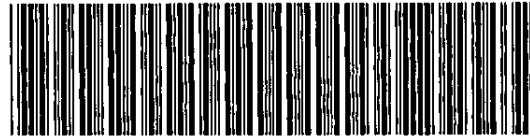
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: FIVE STAR GYM CORP.
Name of Corporation

DOCUMENT NUMBER: P04000078634

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:

Gloria Largo
Name of Contact Person

Five Star GYM Corp.
Firm/Company

PO BOX 398568
Address

Miami Beach, FL 33239
City/State and Zip Code

PuraVida1911@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Largo at (786) 280 7372
Name of Contact Person Area Code & Daytime Telephone Number

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

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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Five STAR GYM CORP.
2. The principal office address: 1717 N Bayshore Drive suite#119
Miami, FL 33132 US
3. The mailing address (if different): PO BOX 398568 Miami Beach
FL 33239 US
4. Date of incorporation/qualification: 05/17/2004 Document number: P04000078634
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Request is to change principal
110 Washington ave # C-U-2 Address *
Miami Beach, FL 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1717 N Bayshore Drive suite#119
Miami, FL 33132
P.O. Box NOT acceptable


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 an officer or director

Gloria Largo - President
Printed or typed name and title

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

7/13/13
Date

If signing on behalf of an entity:

Gloria Largo
Typed or Printed Name

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