## P07000051399

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(Address)
(Address)
(City/State/Zip/Phone #).
PICK-UP WAIT MAIL
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SECRETARY OF STATE

T. Roberts MAR. 12.2008)

## **COVER LETTER**

Division of Corporations
SUBJECT: TRYTONIC FITNESS SYPERIENCE (Name of Corporation)
DOCUMENT NUMBER: 20 70000 51399
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:
SABRINA MORE - HUROS (Name of Contact Person)
ANEL ENTERPISE (Firm/Company)
810 NE 75ty ST (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 553-6807 (Area Code & Daytime Telephone Number)
(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

TO:

**Amendment Section** 

## 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 Hollow
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TRYTONIC FITNESS SXPERIORE, IN
2. The principal office address: 1717 N. BayShore Dr., # 218
MIAMI, R 133132
3. The mailing address (if different): SIO NE 75th
MIAMI, FL 33138
4. Date of incorporation/qualification: 4/27/07 Document number: P070000 51399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
COPPORATION SURVICE COMPANY
1201 Hours St
Tallahassee 41, 32301 For a
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):  APE 1 SUTERPUSE  SSE 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
810 NE 75th ST SE
(P.O. Box NOT acceptable)
MIAMI, & 33138
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.
SABRINA MOORE-MUROS
(Frinted 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.
Holm W/W 2/5/12
(Signature of Registered Agent) (Oate)
If signing on behalf of an entity:
(Typed or Printed Name)

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