

P08000099644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA On  
8/24/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Driven Health & Fitness Services  
Name of Corporation

**DOCUMENT NUMBER:** P08000099644

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:

Luis Echeverry  
Name of Contact Person

Driven Health & Fitness  
Firm/Company

1950 Sweetbroom Cir Apt 106  
Address

Lutz FL 33559  
City/State and Zip Code

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

For further information concerning this matter, please call:

Luis Echeverry at 813 531-7648  
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: Driven Health & Fitness Services
2. The principal office address: 1120 E. Kennedy Blvd STE 129  
TAMPA FL 33602
3. The mailing address (if different): 1950 Sweetbroom Circle  
APT 106 Lutz 33559
4. Date of incorporation/qualification: 10/31/08 Document number: PO8000099644
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)

18940 Porto Fino drive  
TAMPA, Florida 33647

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

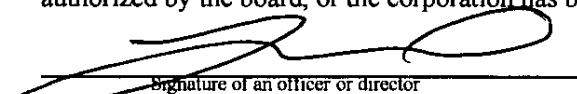
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1120 E. Kennedy Blvd STE 129  
TAMPA FL 33602

P.O. Box NOT acceptable

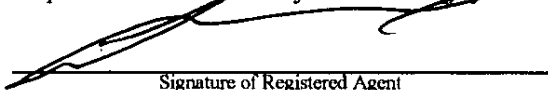
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Luis Echeverry  
\_\_\_\_\_  
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

Aug 5<sup>th</sup> 2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Luis Echeverry  
\_\_\_\_\_  
Typed or Printed Name

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

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