## P1200083588

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	<del>≥</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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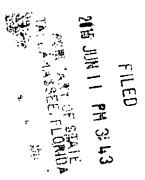
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RA address Change

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TRANSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MVP Fitness Inc.  Name of Corporation			
DOCUMENT NUMBER: P1200083588			
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:			
MARIVEL ANDRICKSON  Name of Contact Person			
MUPTL - T			
MVPFitness Inc.			
13260 SW 120 ST			
Miami FL 33186 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MARIVEL ANDRICKSON at 325-4553  Name of Contact Person at Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 Stat
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: MVP Fitness Inc.
172 4 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
2. The principal office address: 13260 SW 120 ST.  Miami #L 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/03/2012 Document number: P120000835
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)
MARINEL ANDRICKSON &
MARIVEL ANDRICKSON 16301 SW 157 Are
11 22107
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARIVEL ANDRICKSON
13260 SW 120 ST P.O. Box NOT acceptable Wiani FL 33186
P.O. Box NOT acceptable
MIAMI + 6 33186
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.
Married Andricks a PD
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.
Much C Signature of Registered Agent Date
If signing on behalf of an entity:
MARIVEL ANDRICKSON Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)