

P12 000083588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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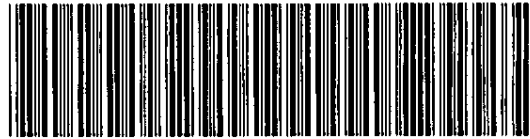
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MVP Fitness Inc.
Name of Corporation

DOCUMENT NUMBER: P12000083588

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

MVP Fitness Inc.
Firm/Company

15075 SW 137th St. Unit 6
Address

Miami, FL 33196
City/State and Zip Code

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

For further information concerning this matter, please call:

Marivel Andrickson at (786) 325-4553
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 Florida 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.
2. The principal office address: 15075 SW 137th street Unit 6
MI 33196
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: PI 2000083588
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)
MARivel Andricksen
13260 SW 120th street
Miami, FL 33186
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

15075 SW 137th street Unit 6
P.O. Box NOT acceptable
Miami, FL 33196

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.

Mue
Signature of an officer or director

MARivel Andricksen
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.

Mue
Signature of Registered Agent

11/12/15
Date

If signing on behalf of an entity:

MARivel Andricksen
Typed or Printed Name

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

2015 NOV 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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