

P1300007986S

Florida Department of State  
Division of Corporations  
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H23000312934ABC

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : COURACCESS CENTERS, LLC  
Account Number : 07535000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: carl@giangrasso.org

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REGISTERED AGENT CHANGE  
GP FITNESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 SEP -7 PM 3:00

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J DENNIS

SEP - 8 2023

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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: GP FITNESS, INC
2. The principal office address: 24093 LANTANA COURT, VENICE, FL 34293
3. The mailing address (if different): 24093 LANTANA COURT, VENICE, FL 34293
4. Date of incorporation qualification: 09/26/2013 Document number: P13000079865
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)

COURTACCESS CENTERS LLC
13046 RACE TRACK RD STE 131
TAMPA, FL 33626

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

COURTACCESS CENTERS LLC
9241 BRINDLEWOOD DR
P.O. Box NOT acceptable
ODESSA, FL 33556

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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.

DocuSigned by: Carl Giangrasso
Signature of an officer or director
CARL GIANGRASSO, PRESIDENT/DIRECTOR
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.

DocuSigned by: John A Gurba Jr
Signature of Registered Agent
9/7/2023
Date

If signing on behalf of an entity:

JOHN A GURBA JR
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