

PI5000026524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

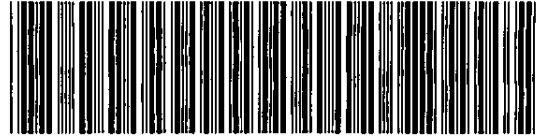
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/16--01007--015 **35.00

S. TALLENT
OCT 11 2016

FILED
16 OCT -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

JOE CIANFERO
PURE FITNESS FORT MYERS, INC.
8540 DAYTON AVE
FT MYERS, FL 33907

SUBJECT: PURE FITNESS FORT MYERS INC.
Ref. Number: P15000026524

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 316A00020128

RECEIVED
16 OCT -7 PM 3:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pure Fitness Fort Myers Inc
Name of Corporation

DOCUMENT NUMBER: P15000026524

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:

Joe Cianfero
Name of Contact Person

Pure Fitness Fort Myers, Inc
Firm/Company

8540 Dayton Ave
Address

Ft Myers, FL 33807
City/State and Zip Code

Joec@gulfcoastfitness.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Cianfero at (238) 278-7777
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: Pure Fitness Fort Myers Inc
2. The principal office address: 8540 Dayton Ave
Ft Myers, FL 33907
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 3-19-15 Document number: P15000026524

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)

Spiegel & Ltrera, P.A.
1840 Coral Way, 4th Floor
Miami, FL 33145

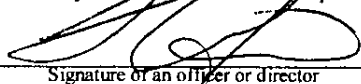
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joe Cianfero -
8540 Dayton Ave
P.O. Box NOT acceptable
Ft Myers FL 33907

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TALLAHASSEE, FLORIDA

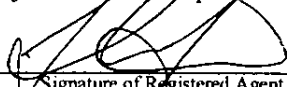
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Joe Cianfero PSV
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

8-15-16
Date

If signing on behalf of an entity:

Typed or Printed Name

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