## PISCOCOLISS

(Rea	uestor's Name		
2640 W. Po BELLEAIR BL	By DR	NG)	<b>坩32</b>
BELLEMP BI	UFFS, 1	73	377
	ress)		
(City	/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT		MAIL
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(Doc	ument Number	)	
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Mocney

R. WHITE SEP 278 2003 2018 SEP 24 AM:11: 31 SECRETARY OF STAT TALLAHASSEE, FL

TO

## 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 Status 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.	lorida
1. The name of the corporation: G & S Fitness Holdings, Inc.	
2. The principal office address: 2840 West Bay Drive #320, Belleair Bluffs, Florida 33770	)
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/26/2018 Document number: P18000064	838
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)	e
George W. Spowart	
2840 West Bay Drive #320	
Belleair Bluffs, Florida 33770	ی
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	
Soosie Lazenby	• • • • • • • • • • • • • • • • • • •
2840 West Bay Drive #320 P.O. Box NOT acceptable	
Belleair Bluffs, Florida 33770	}
The street address of its registered office and the street address of the business office of its regi as changed will be identical.	stered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	
50081E LAZEN	84
Signature of an officer of director  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 reagent. Or, if this document is being filed merely to reflect a change in the registered office add hereby confirm that the corporation has been notified in writing of this change.	egistered ress, 1
9/17/10	
If signing on behalf of an entity:  Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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