P21000055344

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COVER LETTER

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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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.	_
The name of the corporation: PL Fitness and Rehab Inc.	
2. The principal office address: 1126, Dakota Dr. Jupiter F1.33458	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6 11 2021 Document number: P21000055	<u>34</u> 6
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)	
Perlas Lesage.	
Perlas Lesage	
Ferlas Dang-awan 1126 Dalcota Dr. Jupiter Fl 33458 P.O. Box NOT acceptable	TICO
The street address of its registered office and the street address of the business office of its registered age is changed will be identical.	ent,
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.	
Perlas Dang-qwan (P) Signature of an officer or director Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performa if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if locument is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	ince this the
Jol28/2021	
f signing on behalf of an entity: Typed or Printed Name	
cypea or a rinned staine	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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