## P940000098751

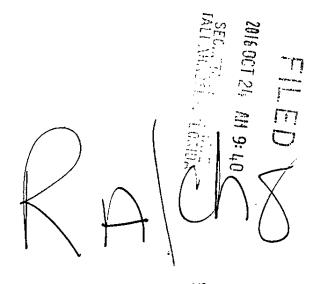
(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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OCT 26 2016 I ALBRITTON

## **COVER LETTER**

Division of Corporations							
The Leisure Sports Club, Inc.							
SUBJECT: Name of Corpo	ration						
P96000098751							
DOCUMENT NUMBER:	·						
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.						
Please return all correspondence concerning this matter to	the following:						
Grace Nardi							
Name of Contact	Person						
The Leisure Sports Club, Inc.							
Firm/Compa	any						
150 SE 25th Road, Ste. 5-L	•						
Address							
Miami, FL 33129	į.						
City/State and Zip Code							
nardig@bellsouth.net	th Code						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Grace Nardi	305 285-2075						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department	at of State.						
Mailing Address: Amendment Section	Street Address: Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						

TO: Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.02 nge is submitted for a corpo	ration organized	under the laws	of the State	of Florida	
in order	r to change its registered off	-	C	in the State	of Florida.	
1. The name of the	he corporation:	re Sports Club				
2. The principal	office address:	th Road, Ste.	5-L, Miami, f	FL 33129		
3. The mailing ac	ddress (if different):					
4. Date of incorp	torporation/qualification:Document number:					
	street address of the current tment of State: (If resigned, Alfredo Nardi		and registered	office on file	with the	
	150 SE 25th Road, Ste	e. 5-L, Miami,	FL 33129			
6. The name and (if changed):	street address of the new re	gistered agent (if	changed) and /	or registered	THE POST 24	
	Grace Nardi				2 -	
	150 SE 25th Road, Ste	e. 5-L, Miami,	FL 33129			
		P.O. Box NOT accep	table		₩ 9: EO	
The street addre as changed will	ess of its registered office an be identical.	nd the street addr	ess of the busin	ess office o	f its registered agent,	
Such change wa authorized by th	as authorized by resolution on the board, or the corporation	luly adopted by i has been notified	ts board of dire I in writing of t	ectors or by he change.	an officer so	
	Yeu wi	Al	fredo Nardi	PTD		
_	re of an officer or director			r typed name an		
I hereby accept I further agree to performance of agent. Or if thi hereby confirm t	the appointment as register to comply with the provision my duties, and I am familia is document is being filed methat the corporation has been	ed agent and ag is of all statutes i r with and accep erely to reflect a en notified in wr	ree to act in thi relative to the p t the obligation change in the b ting of this cha	s capacity. proper and c n of my posit registered o mge.	omplete ion as registered ffice address, I	
Mare	- TW/ and		101	7/16		
Sign	nature of Registered Agent			Date		
If signing on bel	half of an entity:					
Tv	yped or Printed Name					

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