## 799000998577

(Requestor's Name)	
(Address)	400186201914
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/04/1001037028 **35.00
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: St Augustine Titness Entity (Name of Corporation)		
DOCUMENT NUMBER: P 99 0000 98577		
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:		
(Name of Contact Person)		
Word Gyn FITNESS CENTER (Firm/Company)		
1650 US HWY 1 Soven		
St. Augustine Fr. 32080 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact, Person) at (904 )829-3443 X3 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:  Amendment Section  Street Address:  Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of change is submitted for a corporation organized in order to change its registered office or registered of	under the laws of the State of <u>Florida</u>
1. The name of the corporation: St. Augustine T	,
2. The principal office address: 1650 bis	U.S. I South
St. Augustine FL 320	
3. The mailing address (if different):	<i>a</i> =
Same	
4. Date of incorporation/qualification: Nov 8, 1999	Document number: <u>P99000098577</u>
5. The name and street address of the current registered agent Florida Department of State:  Karla Crosby Ayer	-
1590 Arapaho A	
St. Augustine, A	E - Doil
6. The name and street address of the new registered agent (if (if changed):	changed) and /or registered office
Jackson Law	Group, LLM., P.A. To I
100 whetstone	Place, unit 101 📆 🕏 🔘
(P.O. Box NOT acceptable)	
St. Angustine	
The street address of its registered office and the street address changed will be identical.	ress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notifie	its board of directors or by an officer so d in writing of the change.
(Signature of an officer or director)	G. Lynch Project CEO
I hereby accept the appointment as registered agent and ag I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligati document is being filed merely to reflect a change in the re- corporation has been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete performance ion of my position as registered agent. Or, if this gistered office address, I hereby confirm that the
	9/20/10 (Date)
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Andrew Tackson, Esq. (Typed or Printed Name)	

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

Make checks payable to Florida Department of Sta