### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: JOSHUA JENSEN

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: IOSHUA IENSEN

SIGNATURE	: JOSHUA JENSEN			04/08/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	JENSEN, JOSHUA D	Name	MENCIA, KIMBERLY	
Address	7137 ALTIS WAY APT 1-107	Address	7137 ALTIS WAY APT 1-107	
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836	

SUITE 104 ORLANDO, FL 32819 **Current Mailing Address:** 

5555 SOUTH KIRKMAN ROAD

5555 SOUTH KIRKMAN ROAD SUITE 104

DOCUMENT# L18000102719

Entity Name: ALL OF ME FITNESS LLC

**Current Principal Place of Business:** 

ORLANDO, FL 32819 US

# FEI Number: 82-5368310

## Name and Address of Current Registered Agent:

JENSEN, JOSHUA DAVID 7137 ALTIS WAY APT 1-107 ORLANDO, FL 32836 US

FILED Apr 08, 2021 Secretary of State 5250850381CC

Certificate of Status Desired: No

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail