## L13000074647

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## **COVER LETTER**

TQ: Registration Section Division of Corporations		
SUBJECT: Trainer Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Name of Person		
Firm/Company  362 Bayon Dr.  Address	<del></del>	
Ma. Hand FL 32751 City/State and Zip Code		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	l <del>:</del>	
Nathan McDonald at (9) Name of Person	89 370 - 4569 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
<b>≅</b> \$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Trainer Note LLC
2. (a) 1005 Vilginia II.  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 362 Bonyon II.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Orlando FL 32803 Maitland FL 32751
O5/33/3013 L13000074647  Date of filing/registration in Florida  4. Document number
5. (a) United States Cosposation Agents TVC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  H76 Diverside Ave  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jacksonv. Ne FL 32202
(b) Nothern McDorald Enter name of NEW Registered Agent and/or NEW Registered Office address:
362 Bonyan Dr NEW Registered Office Address:
Ma: Hand FL 32751
, FL
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member    Mathum Mc   Denal denal density
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered-Agent