I hereby certify that the information indicated on this report or supplemental report is true and accurate	e and that my electronic signature shall have the s	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.		
SIGNATURE: PAMELA LYNN ACCOR	OWNER	01/29/2020

SIGNATURE: PAMELA LYNN ACCOR

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 84-4293954 Name and Address of Current Registered Agent:

ACCOR, PAMELA LYNN 11163 CYRILLA WOODS DRIVE ORLANDO, FL 32832 US

DOCUMENT# L19000237503

11163 CYRILLA WOODS DRIVE

Current Mailing Address:

11163 CYRILLA WOODS DRIVE ORLANDO, FL 32832 UN

ORLANDO, FL 32832

Current Principal Place of Business:

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: PAMELA LYNN ACCOR

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	ACCOR, PAMELA LYNN
Address	11163 CYRILLA WOODS DRIVE
City State Zin:	

City-State-Zip: ORLANDO 32832

Entity Name: ORLANDO HEALTH & LIFE COACHING, LLC

Certificate of Status Desired: Yes

01/29/2020 Date

FILED Jan 29, 2020 Secretary of State 4635178751CC

Date