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Redu	estor's Name)	
_ Your Coa	ch to Excellen	ce —
Joe Gilliam Seminars		
3804 Castle Key Lane Valrico, FL 33594		
	,	
(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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U8/31/05--01016--006 **25.00



103-24803

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Joe Gilliam Seminars LL.
2. The mailing address of the limited liability company is: 3804 Castha king L
Valrico FL. 33594
Tuly 27 2003
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name
Legal Zoom Nevada INC Name 44 W. Floreser 57. Suite 67.5 Address
Miam; FL 33/3 City, State and Zip
6. The name and address of the new registered agent and/or office:
Jee Gilliam
3804 Casthe Kay ha.
Florida street address (P.O. Box NOT acceptable)
Valvico, FL 33594 FEB 50 TO
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 againization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 60%) F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited tability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00