

LOS000070719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

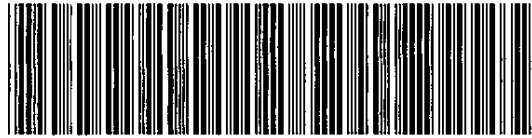
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

SEP 25 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nsight Life Coaching LLC  
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:

Linda milner  
Name of Person

Nsight Life Coaching  
Firm/Company

126 West America Street #19  
Address

Orlando, Florida 32801  
City/State and Zip Code

tim.iliff@nsight.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Iliff at (321) 720-6839  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

*PAID*

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 SEP 24 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 15, 2009

TIMOTHY LLIFF  
126 W AMERICA ST  
# 19  
ORLANDO, FL 32801

SUBJECT: NSIGHT LIFE COACHING LLC  
Ref. Number: L05000070719

We have received your document for NSIGHT LIFE COACHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00030419

**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. Name of the limited liability company: Nsght Life Coaching LLC

2. (a) Principal office address of limited liability company: 126 West America Street #19

(Note: **MUST BE STREET ADDRESS**) Orlando, Florida 32801

(b) Mailing address of limited liability company: 126 West America Street #19

(Note: **MAY BE POST OFFICE BOX**) Orlando, Florida 32801

September 21, 2009  
3. Date of filing/registration in Florida

L05000070719  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Linda Milner

Registered Office Address: 7021 GRAND NATIONAL DR.  
SUITE 102  
ORLANDO, FL 32819 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address: 126 West America Street #19  
**(MUST BE FLORIDA STREET ADDRESS)** Orlando, Florida 32801  
, 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.

Linda Milner  
Signature of a member or authorized representative of a member

Linda Milner  
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 608, 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.

Linda Milner  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 SEP 24 AM 9:56