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(Re	equestor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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SECRETARY OF STATE

Per Olt Word

COVER LETTER

Division of Corporations
SUBJECT: PLAN-IT LIFE COACHING, LLC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBIN LAVITCH (Name of Contact Person) PLAN - IT LIFE COACH NG, UC (Firm/Company) 10460 ROSE VEUT BLW #20 SEEF FORM (Address) City/State and Zip Code) For further information concerning this matter, please call:
(Name of Contact Person) at (727) 776 - 7766.

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Loss Da
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Plan-It Life Couching, UC
2. The principal office address: 10460 Kroseve 1+ BIvol N. #209 8+. Petersburg, Fl. 33714
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/5/00 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Business-Filings Incorporated
1203 Governors Square Blud, Suite 101
Tallahassee, Al. 32301-2960.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Denise Murphy AFF 8
531 Main Street, Stute SSR 25 F
Safety Olabor, Sl. 34695.
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) (Printed or typed name and tyle)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Deniseh. Murph 10/17/04 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Denise N. Murphy, P.A. (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *