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(Red	questor's Name)	
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SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: EDL Coaching Services LLC			
**************************************	nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Eva Desmond-Lugo			
(Name of Person)			
			
EDL Coaching Services LLC (Firm/Company)			
(c. m. company)			
1528 Whitehall Drive #404			
(Address)			
Davie FL 33324			
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
	at (954) 476-2001		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy		

TO: Registration Section

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 limite	ed liability com	pany is: EDL Coach	ing Services LLC		
2. The mailing address o	f the limited lia	ability company is:	1528 Whitehall Drive	e, #404	
Davie FL 33324					<u></u> ,
October 10, 2006			L06000099239		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of	ered agent and State:	the registered office	e address as shown o	on the records of th	e
		Creations Network	Inc.	0	NIG S
	Name			7 S	ASEC ASEC
11380 Prosperity Farms Road #221E			221E	' SEP 21	是否
Address		21	TATE OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLU		
Palm Beach Gardens FL 33410 City, State and Zip		Zip	7	220	
6. The name and address of the new registered agent and/or office:		AM II: 26	OF STATE		
	Eva Desmon	id-Lugo	_	6	SHO
	1520 Whitaba	Name all Drive, #404			
		et address (P.O. Box	NOT acceptable)		
	riorida stree	address (F.O. Dox	NOT acceptable)		
	Davie	FL 333			
		City, State and Zi	p		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the limited or the operating agreement (Signature of a member or author)	hange or change the registered reby confirmed nited liability on the limited	ges are made, the Floagent will be idention that the change(s) company or as other d liability company.	orida street address cal. Or, in the case was/were authorize wise provided in the	of the registered of of a Florida limited d by an affirmative	fice i vote
Eva Desmond-Lugo	,				
(Printed or typed name of signee)			•		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Lhereby confirm	intment as reging of all statute ad accept the old this document in that the limite	istered agent and ag s relative to the pro bligations of my pos is heing filed to mer ed liability company	ree to act in this ca per and complete pe ition as registered t ely reflect a change has been notified ir	pacity. I further as erformance of my a igent as provided fo in the registered o i writing of this cho	gree to luties, or in ffice inge.
(Signature of Registered Agent)	m/so				

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