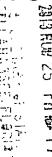
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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
DEC - 3 2013				
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COVER LETTER

Division of Corporations			
SUBJECT: Pure Potential LLC			
Name of Life	mited Liabil	ity Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted	d for filing.
		• ,	J
Please return all correspondence concerning th	is matter to	the following:	
A as also as a Tarana a sa			2 : 60
Andrew Turner		_	
Name of Person			318 KOV 25
Pure Potential LLC			
Firm/Company	<u> </u>		
10124 35th Street East			775
Address		_	
Parrish, Fl, 34219			
City/State and Zip Code		_	
andy.turner@purepotenti	al.cc	_	
E-mail address: (to be used for future annual report noti	fication)		
For further information concerning this matter,	please call:		
Andrew Turner	941	840 8720	
Name of Person	\	Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	amount:		

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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: Pure Potentia	al LLC			
2. (a) Principal office address of limited liability cor	mnany: 10124 35th Street East			
(Note: MUST BE STREET ADDRESS)	Parrish			
(1. total 12 day 12 day 1. table 12 day)	Florida 34219			
(b) Mailing address of limited liability company:	10124 35th Street East			
(Note: MAY BE POST OFFICE BOX)	Parrish			
(MOINTER TOUT OF THE DOT)	Florida 34219	. 23		
		: - T = = = = = = = = = = = = = = = = = =		
01/29/2007	L07000010602	CC 200 TT		
- The state of the	···.	<u> </u>		
3. Date of filing/registration in Florida	4. Document number	No In		
		UN F		
5. (a) Registered Agent and Registered Office show	n on the records of the Florida			
		1 21 m		
Registered Agent:	Incorp Services Inc	\$		

Registered Office Address:	17888 67th Court North			
	Loxahatchee			
	FI 33470			
NEW Registered Agent:	Andrew Turner			
NEW Registered Office Address:	10124 35th Street East			
(MUST BE FLORIDA STREET ADDRESS	Parrish			
		,FL 34219		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a nge(s) was/were authorized by herwise provided in the articles.	e registered office Florida limited an affirmative vote of		
ANDREW TURNER				
Printed or typed name of signee				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capaci he proper and complete perfor my position as registered agen to merely reflect a change in ti mpany has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.		

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

Signature of Registered Agent