L08000090013

(Requestor's Name)							
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(6.13.618.10.2.15.1 11.61.6 11)							
PICK-UP WAIT MAIL							
(Dusings Futite Name)							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status <u>a Westers</u>							
Special Instructions to Filing Officer:							
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

D. BRUCE
OCT 23 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations									
SUB			oursel							
	Name o	fLimit	ted L	iability (Company					
Dear	Sir or Madam:									
The	enclosed Registered Agent/Registered	Offic	e Ch	ange and	fee(s) are	submitted	l for fili	ing.		
Pleas	se return all correspondence concernir	ng this	matt	er to the	following	:				
	David O. Watson									
	Name of Person									
	Posture Yourself LLC				,					
	Firm/Company									
	1835 E. Hallandale Bch. Blvd.	ste. 6	36					TALL SEC	8	•
	Hallandale Beach, Florida 3 City/State and Zip Code	3009						AHASSEE, FL	09 OCT 22 PK 1: 24	
	posture9@gmail.com E-mail address: (to be used for future annual repo	t notific	ation)					TATE	1:24	
For f	urther information concerning this ma	atter, p	lease	call:						
	David O. Watson	at	9)54)_ Area	Code & Davi	600-923		<u>.</u>	-	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILII Registra Division P.O. Bo	NG ADDR tion Section of Corpor	ESS: n ations				
	Enclosed is a check for the follow	ing a	noui	ıt:						
\$25 Filing Fee			V	7] \$ 55 Fi	iling Fee &	c Certified	І Сору			

INHS18 (5/08)

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:	Posture Yourself LLC					
2. (a) Principal office address of limited liability company	: 1835 E. Hallandale Bch. Blvd. ste					
(Note: MUST BE STREET ADDRESS)	Hallandale Beach, Florida 33009					
(b) Mailing address of limited liability company:	1835 E. Hallandale Bch. Blvd. ste.					
(Note: MAY BE POST OFFICE BOX)	Hallandale Beach, Florida 33009					
July 18, 2008	L08000069613					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:					
Registered Agent:	David O. Watson					
Registered Office Address:	1835 E. Hallandale Bch. Blvd. ste. 686 Hallandale Beach, Florida 33009					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address: David O. Watson					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1835 E. Hallandale Bch. Blvd. ste. 686					
	Hallandale Beach ,FL33009					
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida Timital was/were authorized by an additionally vote					
Signature of a member or authorized representative of a member	<u>ੂੰ ਜ਼ਿਲ੍ਹ ਤਾਂ ਜ਼ਿਲ੍ਹ ਤਾਂ ਜ਼ਿਲ੍ਹ ਤਾਂ ਜ਼ਿਲ੍ਹ</u>					
David O. Watson						
Printed or typed name of signee	€					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.					

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