610000112949

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

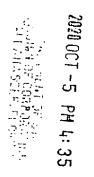
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NOV 13 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Garden of the Heart Name of Limited Liab	loga Center, LLC bility 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 fo	llowing:	
Cheryl Chaffee Name of Person	_	
Garden of the Heart Yoga Co Firm/Company	enter.	
7145 42 nd Ct. E. Address	_	
Sarasota, FL 34243 City/State and Zip Code	_	
Chery @ bodymin aheart. E-mail address: (to be used for future annual report notification)	goga.com	
For further information concerning this matter, please call:		
) 586 - 0856 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

. . . **. .** . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: Garden of the Heart Yoga Center Ll
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Unit A Sarasota, FL 34237
	10/29/2010 110000112949
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Chery Chaffel Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2888 Ringling Blud. Unit A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Savasota, FL 34 237 FL Enter name of NEW Registered Agent and/or NEW Registered Office address: 145 42 d
	Sarasota FL 34243
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ture of a member or authorized representative of a member Chery Chaffee 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 605, 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.

Signature of Registered Agent