Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE NUREVEAL YOGA LLC

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K. Brumbley

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## 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.

L N	ame of the limited liability company: NuReveal Yoga	LLC	
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company:  (Note: MAY BE POST OFFICE BOX)
	05/05/2014	L140000	72944
3.	Date of filing/registration in Florida	<del></del>	Document number
5. (a)	MEEHLE, SUZANNE D, ESQ.		
J. (11)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of l	State
	1215 E. Concord Street		
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	
	Orlando F	L_ <sup>32803</sup>	2023
(b)	Northwest Registered Agent LLC		2023 OCT 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address.	FILE FILE
	7901 4th St N		— PH 6:
	NEW Registered Office Address		$\tilde{\cdot}$ $\omega$
	STE 300		6
	St. Petersburg	1	
the changent was/withe art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered of lability company, of the limited liab limited liability of	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	
		and the same the affice	Printed or typed name of signee
provis he obs o mer totifig	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. I d in writing of this change.	ree to act in this of e performance of i ed for in Chapter hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed tat the limited liability company has been
- / 1/-	Taylor Newman - Assistant S	Secretary	

Signature of Registered Agent