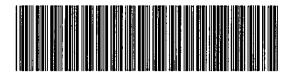
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(Requestor's Name)					
. (Address)					
· (Address)					
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PICK-UP	☐ WAIT	MAIL			
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TALLAHASSEE, FLORIDA

NESTARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	INNOVATION YOGA LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	Please return all correspondence concerning this matter to the following:					
DEBO	DRAH M. CONTI					
	Name of Person					
Agen	t for Innovation Yoga LLC					
	Firm/Company					
716 S	South Patrick Drive					
	Address					
Satel	lite Beach, FL 32937					
	City/State and Zip Code					
innov	rationyogallc@gmail.com					
E	-mail address: (to be used for future ann	nual report notification)				
For fur	ther information concerning this matter,	, please call:				
Steph	nen W. Long	321 373-7386 at ()				
	Name of Person	Area Code & Daytime Telep	hone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy				
INHSI	8 (2/14)					

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	ame of the limited liability company: INNOVATION	YOGA LLC	
2.	(a)	502 LANTERNBACK ISLAND DRIVE	(b) 502 LA	NTERNBACK ISLAND DRIVE
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SATELLITE BEACH, FL 32737	SATELL	LITE BEACH, FL 32937
		11/10/2014	L140001	74546
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	UNITED STATES CORPORATION AGENTS	, INC	
э. (a		Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
		Registered Office Address (MUST BE FLORIDA STREET AL 13302 WINDING OAK COURT	ASSE ASSE	
		TAMPA , FL 3	33612	PH 2:
	(b)	DEBORAH M. CONTI		ORIDA
	(-)	Enter name of NEW Registered Agent and/or NEW Registered O	office address:	_
		716 SOUTH PATRICK DRIVE		
		NEW Registered Office Address:		-
		SATELLITE BEACH , FL 3	32937	-
the ag wa	e cha ent v is/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered offic bility company, it i the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		My Miritha /	STEPHEN V	V. LONG
	_	ture of a member or author for representative of a member		Printed or typed name of signee
I in protection to no.	herei ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in this cap erformance of my for in Chapter 60: ereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	Te of Registered Agent		

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