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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Karrick Endurance Coaching	g, LLC			
00,00	Name of Limited Liability Company				
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Pleaso	e return all correspondence concerning thi	s matter to the	following:		
Kath	erine Gianini				
	Name of Person				
Karri	ick Endurance Coaching				
	Firm/Company		<u> </u>		
510	Cherokee Dr.				
	Address				
Orla	ndo, FL 32801				
-	City/State and Zip Code				
kath	erinekarrick@att.net				
	E-mail address: (to be used for future annu	ual report notif	ication)		
For fu	orther information concerning this matter,	please call:			
Kath	erine Gianini	615	513-4615		
	Name of Person	ai (Area Code & Daytime Telephone 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	□ s	55 Filing Fee & Certified Copy		
INHS	18 (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.	Name of the limited liability company: Karrick Endurance Coaching
	,510 Cherokee Dr. (b) 510 Cherokee Dr.
۷. (۱	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32801 Orlando, FL 32801
	1/2/2015 Date of filing/registration in Florida 4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1201 Haus Street
	Registered Office Address ONUST BE FLORIDA STREET ADDRESS:
	Tallahassee E B B
	FL 32301
(l	Katherine Ganini
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	510 Cherokee Dr.
	NEW Registered Office Address:
	- <u></u> -
	Orlando32801
re as	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the c	hange or changes are made, the Florida street address of the registered office and the business office of the registered
ager was/	t will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the a	rticles of organization or the operating agreement of the limited liability company
50	Herine Granin 1 Katherine Francis 1 Printed or typed name of signee
prov the o to m	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed grely reflect a change in the registered office address, I hereby confirm that the limited liability company has been seein writing of this change.
Sign	therine Liamin