

L15000114982

(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:

Office Use Only



600297828146

04/17/17--01025--036 **25.00

17 APR 17 AM 9:49

FILED
SECRETARY OF STATE
CORPORATION DIVISION

APR 19 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG FISH YOGA - NOCATEE, LLC
Name of Limited Liability 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 following:

MARY LYNN JENKINS

Name of Person

BIG FISH YOGA - NOCATEE, LLC

Firm/Company

18 PONTE UDRON CIRCLE

Address

PONTE UDRON BLVD, FL 32082

City/State and Zip Code

MARY LYNN@BIGFISHPOWERYOGA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY LYNN JENKINS

Name of Person

at (425) 220-7297

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

☐ \$55 Filing Fee & Certified Copy

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: BIG FISH YOGA - NOCATEE, LLC

2. (a) 3852 SOUTHVIEW STREET (b) SAMS
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

JACKSONVILLE, FL 32250

3. 7/8/2015 4. 615000114982
Date of filing/registration in Florida Document number

5. (a) ADVOS LEGAL PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5000 SAWGRASS CIRCLE, SUITE 7
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PONTA VIEGA BLVD, FL 32082

(b) MARY LYNN JENKINS
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

18 PONTA VIEGA CIRCLE
NEW Registered Office Address:

PONTA VIEGA BLVD
FL 32082

FILED
17 APR 17 AM 9:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary Lynn Jenkins
Signature of a member or authorized representative of a member

Mary Lynn Jenkins
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.

Mary Lynn Jenkins
Signature of Registered Agent