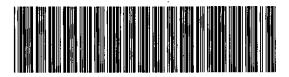
## L15000114982

(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

REP. HARRIS

## **COVER LETTER**

TO:

Registration Section

Division	Division of Corporations						
SUBJECT:	BIG FISH YOGA - NOCATEE, LLC  Name of Limited Liability Company						
SUBJECT		Name of Limited Lia	ited Liability Company				
Dear Sir or Mada	am:						
The enclosed Re	gistered Agent/Registered	d Office Change and f	fee(s) are submitted for filing.				
Please return all	correspondence concerni	ng this matter to the fo	ollowing:				
Mar	Name of Person		_				
	Name of Person						
Bis 1	Firm/Company	ste, LLC	_				
{	8 Porre Usben Address	GREVE	_				
B	City/State and Zip Co	FL 32082	_				
E-mail add	ress: (to be used for futur	e annual report notific	cation)				
For further infor	mation concerning this m	atter, please call:					
MARY CY	ה לפאונים	at( <u>425</u>	226-7297				
1	Name of Person		Area Code & Daytime Telephone Number				
STREE	T/COURIER ADDRESS	S: MA	ILING ADDRESS:				
Registra	tion Section		sistration Section				
	of Corporations		Division of Corporations				
Clifton I			. Box 6327				
	ecutive Center Circle see, Florida 32301	Tall	lahassee, Florida 32314				
Enclose	d is a check for the follo	wing amount:					
□ \$25 F	iling Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy				
INHS18 (2/14)							

## 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	e of the limited liability company:BIGFI	SH YOG.	A - MOCATEE,	LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limit	
_	JACUSONVIUS, FL 32250			
	7/8/2005 Date of filing/registration in Florida		15000114787 Document/numbe	er
5. (a)	ADVOS LOGAL PLLC egistered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
<del></del>	egistered Office Address (MUST BE FLORIDA STREET)	W1767		TAPR I
	PONTO LOSEN BOW, P.F.L. MARY (XN JONICINS	,320sz		7 AH 9: L
(b) <u> </u>	nter name of NEW Registered Agent and/or NEW Registered	Office address:		<b>5 3</b> 0
	18 Paris Useo Clas			
<u>N</u>	EW Registered Office Address:			
	, FL	_32087	, 	
the chang agent will was/were	ited liability company is not organized under the law the or changes are made, the Florida street address of l be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the operating agreement of the	f the registered ability compan of the limited li	office and the business by, it is hereby confirmed iability company or as o	office of the registered d that the change(s)
Signature	e a La member or authorized representative of a member	Most	Chry Jank 100 Printed or typed nam	ne of signee
I hereby provision the obligation merely notified in	accept the appointment as registered agent and agns of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I in writing of this change.	ree to act in the	is canacity. I further as	ree to comply with the
Mo-Signature o	of Registered Agent			