

Division of Corporations scripts/efilcovr.exe Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INCI

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

annual report mailings. Enter only one email address please.** Email Address:

LLC REGISTERED AGENT CHANGE THE YOGA JOINT STUDIO 3, LLC

*Enter the email address for this business entity to be used for future

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Corporate Filing Menu

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Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

57.

1. The name of the limited liability company is: The Ye	oga Joint Studio 3, LLC	
2. (a) Principal office address of the limited liability comapny:	19575 FL-7	
(Note: MUST BE STREET ADDRESS)	BOCA RATON FL 33498	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
8/19/2015	L15000142084	
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of	State:
Registered Agent:	MASSON, ERIC	·
Registered Office Address:	13621 NW 12TH ST	· · · · · · · · · · · · · · · · · · ·
	SUITE 120	
	SUNRISE FL 33323	<u> </u>
(b) Enter name of NEW Registered Agent and/or NEW Ro	egistered Office address:	A EST
NEW Registered Agent:	Corporate Creations Network Inc.	25 25
NEW Registered Office Address:	11380 Prosperity Farms Road #221B	3 290
(MUST BE FLORIDA STREET ADDRESS)	ADDRESS)	
	Palm Beach Gardens FL 33410	
If the limited liability company is not organized under the laws to changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company, an affirmative vote of the members of the limited liability company, the operating agreement of the limited liability company.	office and the business office of the registere it is hereby confirmed that the change(s) was	d agent will be /were authorized by
(Signature of a member authorized representative of a member)		
by Danielle Gossman, Attorney-in-Fact (Printed or Typed name of signee)		
I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 605, in the registered affice address, I hereby confirm that the limited Danielle Gossman	of my duties, and I am familiar with and acce F.S. Or, if this document is being filed to me	pt the obligations of rely reflect a change
(Signature of Registred Agent) Division of Corporations, P.O. Be	ox 6327, Tallahassee, FL 32314	

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