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COVER LETTER

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: NETUS ETECUTIVE Name of Limited	COACH (NG, LLC Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:			
RAY MOND T. WATSON Name of Person	· 			
SELF				
Firm/Company				
713 CONESUS LANE				
Winter Springs, Fl. City/State and Zip Code	32708			
RAY. FEGI & GMAIL. COM E-mail address: (to be used for future annual report not	iification)			
For further information concerning this matter, please call:				
Ray mons WATSON at 40) 908-9920 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: A Registration Section B Division of Corporations L Clifton Building F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
Substituting Fee □	\$55 Filing Fee & Certified Copy			

INHS18 (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.

1 107 MM.				
1. Name of the limited liability company:	VEYUS E	YECU TIVE	COACHING	LLC
2. (a) _ 7/3 <u>CONESUS</u> <u>LAN</u> Principal office address of limited liabilit (<u>Note: MUST BE STREET ADDI</u>	y company: RESS)		ling address of limited liabilit Note: MAY BE POST OFFI	•
Winter Springs,	FI	· · · · · · · · · · · · · · · · · · ·		
32708				······································
July 27 2016 Date of filing/registration in Flo	 orida 4		000 137 89	5
5. (a) <u>CYEYENNE</u> <u>MOSELE</u> Registered Agent and Registered Office shown of	5 4			
LEGAIZOOM. COM		orida Dept, or State:		
Registered Office Address (MUST BE FLOR		RESS)		
	F1		TALLAHASS	17
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	FW Registered Offic	re address:		1_ mim 1 1
RAY MOUNT - W		<u>Cautor</u>	MII: 49 TCORIO,	
713 Conesus LA	FNE.			
Winter Spas.	, Fl	32708		
If the limited liability company is not organized the change or changes are made, the Florida stre- agent will be identical. Or, in the case of a Flor- was/were authorized by an affirmative vote of the the pricles of organization or the operating agre-	et address of the ida limited liabili he members of the	registered office ar ty company, it is he limited liability of ted liability compa	nd the business office of ereby confirmed that the ompany or as otherwise ny.	The registered change(s) provided in
Signification of authorized representative of a	member	KAY MON	OF WATSO	<u>)r)</u>
I barahy assent the committee and as remistant	ornat and aresa t	and in this conved	n I finithae amera ta aa	male with the

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. Thereby confirm that the limited liability company has been notified in writing of this dumpe.

Signature Weylstory Agent 177