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(Document Number)				
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COVER LETTER

TO: Registration Division of	n Section Corporations					
Date C	oach Orlando, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Regis	tered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please return all cor	respondence concerning th	nis matter to the f	following:			
Christopher R. Turner	r					
	Name of Person		_			
CRT Legal						
	Firm/Company		_			
2600 E. Robinson Str	cei					
	Address		_			
Orlando, FL 32803						
	City/State and Zip Code		 -			
chris@ertlegal.com						
E-mail address	s: (to be used for future and	nual report notific	eation)			
For further informat	ion concerning this matter	, please call:				
Chris Turner		407	796-2278			
Nar	ne of Person	at () Area Code & Daytime Telephone Number			
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is	a check for the following	g amount:				
S25 Filin	g Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2714)	- Previously	Pinit				

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.

l. N:	nme of the limited liability company:Date Coach Ork	ando, LLC	
2. (a)		(b)	
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company. **Onte: MAY BE POST OFFICE BOX**)
	501 N. Orlando Ave., Stc. #313-135		
	Winter Park, FL 32789		
	7/28/2017	1,1700	00161935
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Chrsitopher R. Turner		
27. (11)	Registered Agent and Registered Office shown on the records of CRT Legal	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1305 E. Robinson Street		.020
	Orlando , F	L_32801	FILE 2020 NOV 16 PH
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	M 1:25
	NEW Registered Office Address:		
	2600 E. Robinson Street		
	Orlando F	L	
change agent v was/we the arti Signal I herel provisi the off notifice	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lever Athorized by an affirmative vote of the members class of organization or the operating agreement of the interest of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflected change in the registered office address. If in writing of this change,	e registered offi iability compan of the limited liability e limited liability gree to act in this e performance oud for in Chapte	the and the business office of the registered y, it is hereby confirmed that the change(s) (ability company or as otherwise provided in y company. **Printed or typed name of signee** So capacity: I further agree to comply with the of my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed.