

U7400197536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

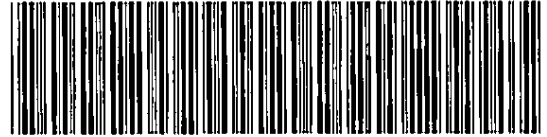
(Business Entity Name)

(Document Number)

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M. MILLIGAN  
OCT 04 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2018

JIM KIDD  
202 S. GRADY AVE.  
TAMPA, FL 33609

SUBJECT: JIM KIDD SALES COACH LLC  
Ref. Number: L17000197536

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to.

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*already paid 9/10/18*

✓ Please return a copy of this letter to ensure your money is properly credited.

The cover letter indicates that a registered agent/office change form was enclosed. I've enclosed a blank form for your convenience.

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 218A00019263

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jim Kidd Sales Coach 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:

Jim Kidd

Name of Person

Jim Kidd Sales Coach LLC

Firm/Company

202 S. Gandy Ave.

Address

Tampa FL 33609

City/State and Zip Code

jim@JimKiddSalesCoach.com

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

For further information concerning this matter, please call:

Jim Kidd

Name of Person

at ( 703 ) 926-7923

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

INHS18 (2/14)

*Sent*

*check # 1002 dated 9/10/18*

**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: Jim Kidd Sales Coach, Inc.

2. (a) 202 S. Grady Ave Tampa 33609 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

202 S. Grady Ave SAME  
Tampa FL 33609

3. 9/15/18 original date 9/15/17 4. L17000197536  
Date of filing/registration in Florida Document number

5. (a) LEGALINK CORPORATE SERVICES INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5237 SUMMERLIN COMMONS  
Fort Myers, FL 33907

(b) Jim Kidd  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**  
202 S. Grady Ave.  
Tampa, FL 33609

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.

Jim Kidd  
Signature of a member or authorized representative of a member

Jim Kidd  
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.*

Jim Kidd  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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