

L17000230923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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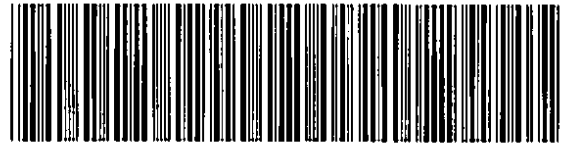
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

D. BRUCE

AUG 27 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3 Birds Coaching and Consulting

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:

Shana Brodnax

Name of Person

3 Birds Coaching and Consulting

Firm/Company

3692 Hollingsworth Street

Address

Jacksonville, FL 32205

City/State and Zip Code

shana@3birdscoaching.com

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

For further information concerning this matter, please call:

Shana Brodnax

at ( 646 ) 302-9907

Name of Person

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

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2020 JUL 15 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.*

**3 Birds Coaching and Consulting**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) **Registered Agents Inc.**

(b) **Registered Agents Inc.**

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

7901 4th St N

7901 4th St N

STE 300

STE 300

11/08/2017

L17000230923

3. Date of filing/registration in Florida

4. Document number

5. (a) **Shana Brodnax**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13846 Atlantic Boulevard

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Unit 1016

Jacksonville, FL 32225

**Registered Agents Inc.**

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

**FILED**  
2020 JUL 15 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Signature of a member or authorized representative of a member

**Shana Brodnax**

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.*

Signature of Registered Agent

**Bill Havre**

- Assistant Secretary