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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peak Per	Formance Life Coaching LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
Christopher Sco Name of Person	itt Chelly
Peak Performance Firm/Company	Life Coaching LLC
9447 Lakesho Address	re Drive
Clernont, FL.	34711 Code
E-mail address: (to be used for fut	ere annual report notification)
For further information concerning this	matter, please call:
Christopher Cherr	4 at (352) 552 1628
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fol	lowing amount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

INH\$18 (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.

. Na	me of the limited liability company: Peak Pet	formance Life Coaching LL
. (a)		(b) Mailing address of limited liability company:
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OF FICE BUS)
	9447 Lakeshore Drive	9447 Lakeshore Drive
	Clernont, FL34711	Clernort FL 34711
	02/01/2018	L18000029056
.	Date of filing/registration in Florida	4. Document number
5. (a)	Date of filing/registration in Florida United States Colporat Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)
	13302 Winding Ock C	ourt A = =
	TAMPA ,FL	33612
(b)	Christopher Scott Che Enter name of NEW Registered Agent and/or NEW Registered O	Mice address:
	9447 Lakeshore Dr	:ve
	NEW Registered Office Address:	
	clermont .FL	34711

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.

Christopher & Cherry
Signature of a member or authorized representative of a member

Christopher S. Cherry
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.

Christopher & Cherry
Signature of Registered Agent