

2180000 48834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

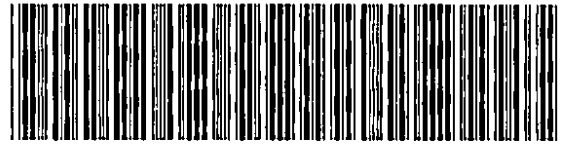
(Document Number)

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DIVISION OF CORPORATIONS
19 FEB 13 AM 11:06

Re Change

FEB 26 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Cat Yoga, 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:

Lisa McCormack

Name of Person

Black Cat Yoga, LLC

Firm/Company

1512 King Street

Address

Jacksonville, FL 32204

City/State and Zip Code

blackcatyogajax@gmail.com

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

For further information concerning this matter, please call:

Lisa McCormack

at (407) 353-6759

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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2019

LISA MCCORMACK
BLACK CAT YOGA, LLC
1512 KING STREET
JACKSONVILLE, FL 32204

SUBJECT: BLACK CAT YOGA, LLC
Ref. Number: L18000048834

We have received your document for BLACK CAT YOGA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must have signatures for the member or authorized representative of a member and for the registered agent.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 719A00002423

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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.

1. Name of the limited liability company: Black Cat Yoga, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1512 King Street
Jacksonville, FL 32204

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1512 King Street
Jacksonville, FL 32204

3. 02/23/2018 Date of filing/registration in Florida

4. L18000048834 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 WINDING OAK COURT, SUITE A
Tampa, FL 33612

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

Lisa McCormack
NEW Registered Office Address:
1512 King Street
Jacksonville, FL 32204

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CORPORATIONS
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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.

Lisa McCormack
Signature of a member or authorized representative of a member

Lisa McCormack
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.

Lisa McCormack
Signature of Registered Agent