

L18000 118 003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019-12-02 11:08:52

R. WHITE

JAN 28 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2020

REGISTERED AGENTS INC
7901 4TH ST N STE 4000
ST PETERSBURG, FL 33702

SUBJECT: FLY HIGH COACHING, LLC
Ref. Number: L18000118003

We have received your document for FLY HIGH COACHING, 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):

The document is illegible and not acceptable for imaging.

The print is too light. Please darken and resubmit.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 620A00000809

1040 - 1000
2020 JAN 24 PM 2:00

COVER LETTER

TO: Registration Section
Division of Corporations

Fly High Coaching, LLC

SUBJECT: _____
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.

Name of Person

Registered Agents Inc.

Firm/Company

7901 4th St N, STE 4000

Address

St. Petersburg, FL 33702

City/State and Zip Code

pparker@fly-highcoaching.com

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

For further information concerning this matter, please call:

Porschia Parker

404

462-3809

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

Fly High Coaching, LLC

1. Name of the limited liability company.

2. (a) _____ (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**)

7901 4th St N, STE 300

P.O. Box 14171

St. Petersburg, FL 33702

Atlanta, GA 30324

05/10/2018

118000118003

3. Date of filing/registration in Florida

4. Document number

5. (a)

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8787 Southside Blvd, Apt 6111

Jacksonville

32256

FL

2020-24 AM 8:52

(b) Registered Agents, Inc.

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

NEW Registered Office Address:

7901 4th St N, STE 300

St. Petersburg

33702

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.

Porschia Parker

Porschia Parker

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Bill Hume

Signature of Registered Agent

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