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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Grateful Flow 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:							
Caryn Hamblen Name of Person							
Grateful Flow Yoga LLC Firm/Company							
1416 Princess Sabal Pt. Address							
Naples, FL 34119 City/State and Zip Code							
grateful flow yoga @ gmail. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Caryn Hamblen at (804) 347-5914 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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)

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 4		
. Nam	ne of the limited liability company: \underline{GY}	<u>ateful</u>	Flow	Yoga	LLC	
2. (a) _	Grateful Flow Yoga Li	<u>LC</u>	(b) <u></u>	rateful	Flow	Yoga LLC
.,	Principal office address of limited lability com (Note: MUST BE STREET ADDRESS)			Mailing addres (Note: MA)	s of limited liab	
_	1416 Princess Sabal F	<u>4.</u>	1410	<u>a Prince</u>	oss Sak	sal Pt.
_	Naples, FL 34119		Na	ples, F	L 341	119
_	June 13, 2018		<u> </u>	1800014		,
3.	Date of filing/registration in Florida	4.	 -	Document	number	
5. (a) _	Legal INC Corpora	te Serv	ices 11	$\Omega \mathcal{C}$.		
	Registered Ogent and Registered Office shown on the r	ecords of the Flo	rida Dept. of S	tate:		
	5237 Summerlin	Commo	nS			
<u>}</u>	Registered Office Address (MUST BE FLORIDA S	STREET ADDR	ESS)			
-	Suite 400		<u>. </u>			
_	Fort Meyers	, fl3	3907		2019	
(b) _	Caryn Hamblen			· · · · · · · · · · · · · · · · · · ·	JAN 16	**************************************
	inter name of NEW Registered Agent and/or NEW R	egistered Office	address:	-	. :	ः सम्ब
	1416 Princess Sabal	Point			ए : ग्र	
1	NEW Registered Office Address:				- 5	
-						
-	Naples	, fl3	4119			
the chang agent wi was/were the articl	nited liability company is not organized under ge or changes are made, the Florida street act If he identical. Or, in the case of a Florida li e authorized by an affirmative vote of the mo- les of organization or the operating agreement	ldress of the re imited liability embers of the nt of the limite	egistered off company, i limited liability e	fice and the buit is hereby con ility company company.	siness office of as otherw	of the registered the change(s) ise provided in
	Cum Fambler re of a member or authorized representative of a memb		Cary	Printed or ty	nblen	·
•	· ·		Ŭ	· · · · · · · · · · · · · · · · · · ·	peo mane or or	
I hereby	vaccept the appointment as registered agent	and agree to	act in this c	apacity. I furt	her agree to	comply with the

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

you I