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COVER LETTER

Division of Corporations	
Avennture Coaching and Consulting LLC SUBJECT:	
	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:
Sandra K Schneider	
Name of Person	<u> </u>
Avennture Coaching and Consulting LLC	
Firm/Company	
1059 Oakley Lane	
Address	
Wentzville, MO 63385	
City/State and Zip Code	
sandy@avennture.com	
E-mail address: (to be used for future annual report noti	ication)
For further information concerning this matter, please call:	
Sandra K Schneider 314	750-6076
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
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.

(a)	Sandra K Schneider		(b) Sandra	K Schneider	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing addres	s of limited liability company: **X BE POST OFFICE BOX**
	1059 Oakley Lane		1059 Oa	akley Lane	
	Wentzville, MO 63385		Wentzv	ille, MO 63385	
	01/25/2019		L190000	26767	
	Date of filing/registration in Florida	4.		Document	number
(a)	Sandra K Schneider				
(4)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of S	State:	20
	Registered Office Address (MUST BE FLORIDA STREET	T 4501117	20		20 OC
	Registered Office Address <u>(MUST BE FLORIDA STREE)</u> 10555 Woodchase Circle	<u>(ADDRE)</u>	<u> </u>		
	Orlando	32836		· 	9 PH
	Don Knagge	<u> </u>			$\mathbb{P}_{\mathcal{S}_i}$ \mathcal{S}_i \mathcal{S}_i
(b)	Enter name of NEW Registered Agent and/or NEW Registere				FATE 55
	NEW Registered Office Address: 375 Polk Avenue, 19a				
	Cape Canaveral	. 32920			
		L			
he 1:	mited liability company is not organized under the la or changes are made, the Florida street address of the	e regisiei iahility e	red office a	ing the busines	is office of the registered
int w s/we	ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the Sandra K. Schneider	of the fire limited	nited habit liability co	nty company company company	r as otherwise provided in
ent w s/we artic	ie andiolized by all allimative vote of the members	of the fire limited	nited liabil	ompany company company company	r as otherwise provided in