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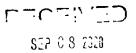
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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Ja 10/19/20

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 3D Coac	hing LLC f Limited Liability Company	
Name o	f 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 m	natter to the following:	
Viviana Caceres Name of Person		
3D Coaching LLC Firm/Company	<u>) </u>	
GIS N Andrews Are Address	4 708	
Fort Lauderdale Pl City/State and Zip Code	_33311	
3 dcoqching I/Ce gmail. con E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ease call:	
Viviona Cáceres Name of Person	at (954) 299 - 3954 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:		
2 \$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.

1. N	ame of the limited liability company: 3D Coaching LLC
	Principal office address of limited liability company: 38311 Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: 38311 (Note: MAY BE POST OFFICE BOX)
	01/30/2019 19000031018
3.	Date of filing/registration in Florida 4. Document number
5 (a)	Business Filings Incorporated
J. (m)	Registered Agent and Registered Office Shown on the records of the Florida Dept. of State:
	1200 South Pine Island Rd
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Plantation. FL 33324.
	>> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b)	Viviana Caceres Pi
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	615 N. Andrews Ave #708
	NEW Registered Office Address:
	r . 1
	Fort Lauderdale ,FL 33311
the ch agent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
Sign	ature of a member of a member Printed or typed name of signee
provis the ob- to met	thy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address. I hereby confirm that the limited liability company has been address. I hereby confirm that the limited liability company has been are the change of this change.

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

TMF4S187271.11

Signature of Registered Agent