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## 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. $ abla 1 - A = A = A = A = A = A = A = A = A = A$
1. Name of the limited kiability company: Connetta Marie Coaching
2. (a) SHO MACUIN HU (b) SHO LONG HINGE Hability company:  Wailing address of limited Hability company:
(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
37711
21,21,0
3. Date of filing/registration in Florida 4. Document number
5. (a) Teart i hendra
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1010/5001/1/n 37) 11
Maria III
(b) LONDETTA I JULIE WOYY M. J. S.
S402 Bengalin Ale III I
NEW Registered Office Address:
(DCKENNILL FL 3221
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/yere 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.
Kennetana Kendra Peart
Signature of a member or authorized representative of a member 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 affice address, I hereby confirm that the limited liability company has been
Signature of Registered Agent  Notified in writing of this cikinge.  Signature of Registered Agent
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00