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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future 📆 annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE SPRING TO LIFE COACHING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

## 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: $\frac{Sp}{I}$	ring to Life (	Coaching, LLC	<u> </u>	
2. (a)		(b)			
_	Principal office address of lunited liability of (Note: MUST BE STREET ADDRES)	ompany:	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
	1170 Tree Swallow Drive Suit	e 360	1170 Tree Swallow Drive Suite 360		
	Winter Springs FL 32708	-	Winter Springs FL 3	2708	
	11/07/19 L19000267787				
3.	Date of filing/registration in Florid	da 4.	Document nu	mber	
5. (a)	Heidi L. Haye, CPA Registered Agent and Registered Office shown on the	ne records of the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORID	A STREET ADDRESS)	<del></del>		
	853 State Road 436 Suite 1025				
	Casselberry	<sub>. FL</sub> 32707			
(b)	Northwest Registered A			202	
	Enter name of NEW Registered Agent and/or NEV	V Registered Office addr	<u>*ess</u> :	2023 2023	
	7901 4th St N			<del></del> .	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	, FL 33702			
the ch agent was/w the art Signa I here provis the ob to mer	limited liability company is not organized unange or changes are made, the Florida street will be identical. Or, in the case of a Florida rere authorized by an affirmative vote of the icles of organization or the operating agreer which is a member or authorized representative of a methy accept the appointment as registered against of all statutes relative to the proper and ligations of my position as registered agent with reflect a change in the registered office of in writing of this change.	address of the regist a limited liability cormembers of the limit ment of the limited liability cormember.  ember ent and agree to act is decomplete performa	ered office and the busing any, it is hereby confined liability company or ability company.  NAT SMITH  Printed or types for this capacity. I further and Language and Languag	ness office of the registered rmed that the change(s) as otherwise provided in a lame of signee or agree to comply with the am familiar with and accept	

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent