L 19000304953

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
21)							

Office Use Only



800356476458

12/23/20--01004--086 **25.00



LLC RA CH 02/12/21



January 25, 2021

RUDY GERVAIS 8837 PINE BAY CT. ORLANDO, FL 32825

SUBJECT: PERSONAL JOY COACHING LLC

Ref. Number: L19000304953

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00001675

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Mallahanna Elavida 9921

COVER LETTER

	Division of Corporations				
SUBJE	CT: PERSONAL J	oy Conchine LLC ited Liability Company			
Dear Sir	or Madam:	company			
The enc	losed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matter t	o the following:			
	Rudy GERVAIS Name of Person				
	_				
	Personal Joy Coaching L Firm/Company	LC_			
	8837 PineBay CT. Address				
	ORLANDO FL. 32825 City/State and Zip Code				
E-1	Rudy. JoyCoach @ Gmail. Cormail address: (10 be used for future annual report	notification)			
For furth	her information concerning this matter, please ca	11:			
	Rudy GERVAIS at (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:				
	S25 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.

ì.	Na	ame of the limited liability company: PERSONA	L Jo	y Coac	ini NG	LLC	
2.		8837 PINE BAY CT		,			τ
	\ <i>'</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mai		imited li	ability company:
		ORLANDO FL. 32825		ORLA	NDO FL	326	325
		DECEMBER 16th 2019		LIC	1000304	+95	3
3.		Date of filing/registration in Florida 4		Do	ocument num	ber	
5.	(a)	LINITED STATES CORPORATION AG Registered Agent and Registered Office shown on the records of the F	ENTS Iorida Dep	INC.			
		5575 S. SEMORAN BLYD Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)				
		Suite 36					
		ORLANDO ,FL .	3282	22	<u> </u>	2021	€\$
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	ce address	Σ: 	TANGO AND TO AND THE A	FE8 -	
		509 SOUTH CHICKASAW"	TRAI	<u> </u>		\triangleright	M
		NEW Registered Office Address:			FLORID.	A II: 54	•
		# 134			क्किता >	<u>.</u>	
		ORLANDO .FL	3282	۲ <u>5</u>			
ch ag wa the	ange ent v is/we e arti	limited liability company is not organized under the laws of cor changes are made, the Florida street address of the reging will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the icles of organization or the operating agreement of the limit	istered of ty compa e limited ted liabil	ffice and the street of the st	ne business of creby confirm ompany or as ny.	ffice of led that otherw	the registered the change(s) vise provided in
	Signat	Tudy Generals ture of a member or authorized representative of a member		rudy Pi	GERVA,	ame of si	gnec
I i pro the to	herei ovisi 2 obl mere tilied	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for ely reflect a change in the registered office address, I herel of in writing of this change	o act in ti	his canaci	tv. I further a	igree to	comply with the
Si	gnatu	Rudy Mewais ure of Registered Agent					

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