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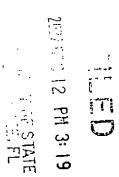
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations PERSONAL JOY COACHING LLC SUBJECT: Name of 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 matter to the following: **RUDY GERVAIS** Name of Person PERSONAL JOY COACHING LLC Firm/Company 8837 PINE BAY CT. Address ORLANDO FLORIDA 32825 City/State and Zip Code RUDY.JOYCOACH@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **RUDY GERVAIS** (321)436-1980 Name of Person Area Code & Daytime Telephone Number **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

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) | PERSONAL JOY COACHING LLC | | (b) PERSONAL JOY COA | CHING LLC | |
|---|---|---------------------------------------|---|--|--|
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 8837 PINE BAY CT. | | 8837 PINE BAY COUR | Γ | |
| | ORLANDO FLORIDA 32825 | | ORLANDO, FLORIDA | 32825 | |
| | 12/16/2019 | | L19000304953 | | |
| | Date of filing/registration in Florida | 4. | Document n | umber | |
| (a) | Rudy Gervais | | | | |
| (b) | Registered Agent and Registered Office shown on the records 509 S. Chickasaw Trail, #134 | of the Flor | ida Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRE | SSI | | |
| | | | | 2 | |
| | Orlando` | FI 32825 | | in the second se | |
| | Rudy Gervais | | | 12 | |
| | Enter name of NEW Registered Agent and/or NEW Registe | red Office | address: | | |
| | 8837 PINE BAY COURT | | · | PH 3: 19 | |
| | NEW Registered Office Address: | | | , , | |
| | ORLANDO | FL ³²⁸²⁵ | | | |
| inge ent v s/wc | imited liability company is not organized under the or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of t | he registe liability s of the l | cred office and the busines company, it is hereby conf imited liability company o | s office of the registered irmed that the change(s) | |
| | Rudy a. Servais MGR. ture of a member or authorized representative of a member | | UDY A. GERVAIS | | |
| ignature 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 office address. I hereby confirm that the limited liability company has been notified in writing of this change.

King a. German Signature of Registered Agent