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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. PRATHER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CoachRoel Consulting LLC		
501501		ne of Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
Sydne	ey Grice		
	Name of Person		-
Ande	rson Business Advisors		
	Firm/Company		-
3225	McLeod Drive, #100		
	Address		-
Las V	/egas, NV 89121		
	City/State and Zip Code		-
_	indersonadvisors.com		
Е	-mail address: (to be used for future ann	ual report notifie	ation)
For fur	ther information concerning this matter,	please call:	
Sydne	ey Grice	800 at (	7064741
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	ELING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	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.

	me of the limited liability company: Object Noci Sci 3225 McLeod Dr, Suite 100	Mal and Dr. Suita 100 3225 Mi			100		-
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Las Vegas, NV 89121	_	Las Veg	as, NV 89121			
		_		_	<del></del>		
	01/23/2020	-	L200000	28811			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	NORTHWEST REGISTERED AGENT LLC			_			
. ,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	e:			
				-			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	7				
	7901 4TH ST N STE 300			-			
	ST. PETERSBURG	33702		_			
(b)	Anderson Registered Agents, Inc.			_	קארר? האררי	2022 JUN 13	
•	Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	<u>lress</u> :		HA:	J.	
	625 E. Twiggs Street, Suite 110			_	HASSEE,		12 19 10
	NEW Registered Office Address:				F STAT	₽ <b>.</b>	
	Tampa	33602		-	Đπ	=	
	.FL	33002	···	-			
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law.	the regis bility co f the lim	stered office inpany, it is ited liability	e and the business o s hereby confirmed y company or as oth	ffice of the	e regi. iange(	sterec (s)
	ey Grice		lney Grice				
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee		
provisi the obl to merc	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ve to act performe I for in C vereby co	in this cape ance of my Chapter 605 onfirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ce to comp niliar with cument is company	oly wit and c heing has be	th the accep g filed cen

A. T. Mathis, President