

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
THE CPR TRAINER, LLC

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

**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. Name of the limited liability company: THE CPR TRAINER, LLC

2. (a) 10363 QUALITY DRIVE (b) PO BOX 2261

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

APT 237 LAND O LAKES, FL 34639  
SPRING HILL, FL 34609

07/06/2020 L20000190436

3. Date of filing/registration in Florida 4. Document number

5. (a) CHRISTOPHER J VANLEUVEN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10363 QUALITY DRIVE  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
APARTMENT 237  
SPRING HILL, FL 34609

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

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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/were 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.

Riley Park  
Signature of a member or authorized representative of a member

Riley Park  
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.*

Bill Havre Bill Havre - Assistant Secretary  
Signature of Registered Agent