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TO: Registration Section Division of Corporations SUBJECT: Corinne Wyard Coaching LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corinne Wyard

Name of Person

Corinne Wyard Coaching LLC

Firm/Company

3342 SE 17th Avenue

Address

Cape Coral, FL 33904

City/State and Zip Code

mcwyard@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinne Wyard

Name of Person

) **538-897**3

_{at (}617

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$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.

1.	Na	me of the limited liability company:	ard Coa	ching LLC			
2	(a)) 3342 SE 17th Avenue Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 3342 SE 17th Avenue			
	()				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Cape Coral, FL 33904		3342 SE	17th Avenue		
					· · · · · · · · · · · · · · · · · · ·		
				L2000019	4437		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	United States Corporation Agents INc					
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
		5575 S Semoran Blvd					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		36					
		Orlando	FL_32822	 			
	(b)	Corinne Wyard			2		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				➡.	
		Corinne Wyard Coaching LLC				2 	
		NEW Registered Office Address:			· · · · ·		
		3342 SE 17th Avenue			ୁଳି ମ ୟ । ଜୁନ :	Ĵ	
		Cape Coral	FL		05		

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.

Corinne Wyard

Signature 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.

"minnallyard

Signature of Registered Agent

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