LZO 000 220736

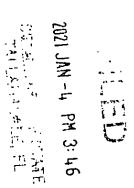
(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2020

KRIS DOUGHERTY 1111 KANE CONCOURSE STE 611A BAYB HARBOR ISLANDS, FL 33154

SUBJECT: MAGNOLIA COACHING LLC

Ref. Number: L20000220736

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 020A00022434

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	Name	e of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the fo	llowing:
Kris I. l	Dougherty		
	Name of Person		-
Kris I. I	Dougherty, CPA		
	Firm/Company		-
1111 Ka	ane Concourse Ste 611A		
	Address		-
Bay Ha	rbor Islands, FL 33154		
	· City/State and Zip Code		-
kris@ki	idcpa.com0		
E-	-mail address: (to be used for future annua	al report notifica	tion)
For furt	ther information concerning this matter, p	lease call:	
Katrin K	Coel-Abt	808 at (492-9271
_	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 a	mount:	
	■ \$25 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.

1. N	lame of the limited liability company:						
2. (a)	1111 Kane Concourse Ste 611A	,	ь) <u>РО</u> В	ox 2522			
2. (41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	.,	Mailing address o	of limited liability BE POST OFFICE		/ :
	Bay Harbor Islands, F1, 33154	_	Fort M	Ayers, FL 33902-252	22		
3.	7/25/20 Date of filing/registration in Florida	 - 4.	L20000	1220736 Document nu	mhar		
5. (a	Katrin Kocl-Aht	٦.		170Cament ha	moci		
φ. (α	Registered Agent and Registered Office shown on the records of Magnolia Coaching LLC	the Floric	a Dept. of	'State:	د و د ایم د ایم	2021	
	Registered Office Address (MUST BE FLORIDA STREET A 3040 Oasis Grand Blvd, Apt. 806	(DDRES	<u>si</u>			2021 JAN -4	
	Fon Myers	33916	<u> </u>				eren Žiji
(b)	Kris I. Dougherty Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		2.	PH 3: 46	
	NEW Registered Office Address:						
	1111 Kane Concourse Ste 611A						
	Bay Harbor Islands , FL	33154 		<u> </u>			
chang agent was/w the art Sign	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law accept the appointment as registered agent and agrained on so fall statutes relative to the proper and complete play accept the appointment as registered agent as provided in the registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	register bility co f the lim limited	ed office ompany, nited liab liability	it is hereby confir bility company or a company. Frinted or typed	office of the remed that the case otherwise p	egistere hange(s rovided	d in

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

Signature of Registered Agent