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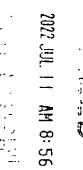
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Fakka Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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₹		COVER	LETTER			
	gistration Section vision of Corporations					
SUBJE CT					_	
	N	lame of Limited	Liability Company			
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered (Office Change as	nd fee(s) are submitted for fili	ng.		
Please retu	m all correspondence concerning	this matter to th	ne following:			
Melissa J	ones					
	Name of Person					
ZenBusines	s Inc.					
	Firm/Company				202	
336 E. Colk	ege Ave. Suite 301			<u>:</u> 3	2 JUL	, } !
	Address			 	_	:
Tallahassee	, FL 32301			Hall SAMES FA	AH 8:	
	City/State and Zip Code	6		:- <u>;</u>	56	
ra@zenbusi	ness.com					
E-ma	il address: (to be used for fixture a	nnual report no	tification)			
For further	information concerning this matt	er, please call:				
Melissa	Jones	844 at (493-6249			
	Name of Person		Area Code & Daytime To	elephone Numb	er er	
Re Di P.C	gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314		Street Address: Registration Section Division of Corporatio The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t. Suite 810		
En	closed is a check for the followi	ing amount:				
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified C	ору		

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 :	ame of the limited liability company: ACADEM	IC	COACHII	NG BY R	REENA	\ LL	_C
2. (a)	1155 NORTH GULFSTREAM AVENUE	=	م 1155 NC	RTH GULFS	STREAM	AVE	NUE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1155 NORTH GULFSTREAM AVE Mailing address of limited liability cos (Note: MAY BE POST OFFICE B			empany:		
	UNIT 403		UNIT	403			
	SARASOTA, FL 34236	_	SARA	SOTA, F	L 342	36	
	02/26/2021		L21000	0095659			
3.	Date of filing/registration in Florida	4.	,	Document nun	nber		
5. (a)	Registered Agents Inc.						
J. (4)	Registered Agent and Registered Office shown on the records of	he Flo	rida Dept. of State	• •		2	
	7901 4th St N				,	2022 JUL	
	Registered Office Address (MUST BE FLORIDA STREET)	LDDR	ESSI	•			77
	STE 300				22		. <u>१८१</u> १ - ४८८० -
	St. Petersburg, FL	3370	2	•		IP II	M
(b)	ZenBusiness Inc					9: 56	
` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	•			
	336 E. College Ave.						
	NEW Registered Office Address:			•			
	Suite 301						
	Tallahassee, FL	3230	1				
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis bility f the	tered office and company, it is limited liability	the business of hereby confirmation or a	office of the	ie reg be cha	istered inge(s)
/s/	Rena Zigelman	ſ	Rena Zigeli	man			
Signa	ture of a member or authorized representative of a member	-		Printed or typed	name of sign	ec	
provis the ob to mer notifie	the accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I defin writing of this change.	nerio	rmance of my a	hitres and I an	n familiar	with i	and accept
Signati	ure of Registered Ageht						

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