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Office Use Only

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S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Debyg Stavy You Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and I	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Debra Juster Starr Name of Person	 
Debra Starr Voga LLC Firm/Company	<del>,</del>
20410 Linksview Drive	? <u>-</u>
Boca Ration Fl. 834 City/State and Zip Code	34
E-mailaddress: (to be used for future annual report notific	Qa. Com
for further information concerning this matter, please call:	
Debra Juster Starr at 917 Name of Person	3386489 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

TO:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2022

DEBRA STARR YOGA, LLC 20410 LINKSVIEW DRIVE BOCA RATON, FL 33434

SUBJECT: DEBRA STARR YOGA, LLC

Ref. Number: L21000157979

We have received your document for DEBRA STARR YOGA, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 722A00020105

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www.sunbiz.org

Division of Comparations D.O. POV 6227 Tallahagasa Florida 22214

## 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:  DCDra Sturr Yoga LLC  20410 Linksview Drive  (b) Boca Ration Ffa. 3  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  National Sturr Yoga LLC  A0410 Linksview Drive  (b) Boca Ration Ffa. 3  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE)	
April 151 2021   EIN#   86-3393393    Date of filing/registration in Florida   4. Chocument number   7 L 2 1 0 0 0 1 5 7 G	179
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  THE ! AMDV  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 South Pine Fsland Road  Plantation FL 333244  Luster-	
NEW Registered Office Address:  Boca Raton  Editor	2022 SEP 20 PM I
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the reg agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chawas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise protection of the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  Printed or typed name of signee	istered ange(s)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address. I hereby confirm that the limited liability company he notified in writing of this change.  Signature of Registered Agent  Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314  FILING FEE: \$25.00	v with the ind accept being filed as been