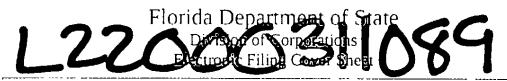
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Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE SOUTH OF MIND TRANSFORMATION COACHING, LLC

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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 hability 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:	IND TRANSFORI	MATION COACHING, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/12/22 Date of filing/registration in Florida	4.	000311089 Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 390 NORTH ORANGE AVE., STE 2300-N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
(b)	ORLANDO Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N NEW Registered Office Address: STE 300		PM 5: 37 YOF STATE SEEL FLORED
	St. Petersburg	33702 FL	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered I liability comparts of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jo	nes
Sign	sture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mgi	thy accept the appointment as registered agent and a tions of all statutes relative to the proper and completing tions of my position as registered agent as provided reflect a change in the registered office address, of in writing of this change. David Roberts - Assistant	agree to act in t ete performance ided for in Chap I hereby confu t Secretary	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Signature of Registered Agent

- Assistant Secretary