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To:		
	Division of	Corporations
	Fax Number	: (850)617-6383

From:

Account Name	:	REGISTERED AGENT	SOLUTIONS	INC
Account Number	:	I2010000062		
Phone	:	(888)705-7274		
Fax Number	:	(888)706-7274		

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC REGISTERED AGENT CHANGE RESULTS COACHING & CONSULTING, LLC				Email Address:		~	
LLC REGISTERED AGENT CHANGE		F	( <u>)</u>		ESS.	2025	
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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo	888 705-7274 at ( )
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 follow	ing amount.
Enclosed is a check for the follow	ing amount.

S25 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.

I. N	ame of the limited liability company:		sulting, LLC
2. (a)	1998 COMPANION LANE	(b	1998 COMPANION LANE
(-,	Principal office address of limited liability company ( <u>Nete: MUST BE STREET ADDRESS</u> )	·····	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34240		SARASOTA, FL 34240
	8/22/2022		L22000380676
. (a)	Date of filing/registration in Florida REGISTERED AGENTS INC	4.	Document number
,	Registered Agent and Registered Office shown on the record 7901 4TH ST N	is of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE		
	STE 300	<u>ET ADDRESS</u>	
		. FL 33702	
(b)	STE 300		
(b)	STE 300 ST PETERSBURG	, FL_33702	FILED
(b)	STE 300 ST PETERSBURG Registered Agent Solutions, Inc.	, FL_33702	
(b)	STE 300 ST PETERSBURG Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	, FL_33702	FILED
(b)	STE 300 ST PETERSBURG Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent and/or NEW Regist</u> 2894 Remington Green Ln.	, FL_33702	FILED

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.

isi Mark Tosoni	Mark Tosoni	Manager
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.

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Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent

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