

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

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
SPEAK LIFE EMOTIONAL WELLNESS COACHING LLC

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FEB 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPEAK LIFE EMOTIONAL WELLNESS COACHING LLC
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:

JEROME SULLIVAN

Name of Person

Firm/Company

784 S CLEARWATER LOOP

Address

POST FALLS, ID 83854

City/State and Zip Code

filings@northwestregisteredagent.com

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

For further information concerning this matter, please call:

Jerome Sullivan

at (509) 768-2249

Name of Person

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:

☐ \$25 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.

1. Name of the limited liability company: SPEAK LIFE EMOTIONAL WELLNESS COACHING LLC
2. (a) 2285 KINGSLEY AVE #1266
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORANGE PARK, FL 32073
- (b) 2285 KINGSLEY AVE #1266
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ORANGE PARK, FL 32073
3. 09/13/2022 Date of filing/registration in Florida
4. L22000399276 Document number
5. (a) KATRINA N EVANS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6865 SADLE DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
JACKSONVILLE, FL 32219-1892
- (b) NORTHWEST REGISTERED AGENT LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4TH ST N
NEW Registered Office Address:
ST. PETERSBURG, FL 33702

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.

Katrina Evans
Signature of a member or authorized representative of a member

Katrina Evans / MGR
Printed or typed name of signer

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.

Taylor Newman
Signature of Registered Agent

Taylor Newman / Assistant Manager