22000478017

(Re	questor's Name)		
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
, distribution Corporations	
SUBJECT: Yoga Athletics LLC	
Name of Limite	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing
Please return all correspondence concerning this matter to t	
, and a small matter to	ne following.
Tracy M Martin	
Name of Person	
Yoga Athletics LLC	
Firm/Company	
6046 Noving I D. J. 1992	
6046 National Boulevard #426 Address	
Address	
Ave Maria, Florida 34142	
City/State and Zip Code	
Adi. Com	
yogaathletics@verizon.net	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
·	
Tracy Martin at (609) 903-2684
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 following amount:	
D 644 BH - 19	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	ame of the limited liability company: Yoga Athletics L.		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6046 National Boulevard #426		6046 National Boulevard #426
	Ave Maria, Florida 34142	_	Ave Maria, Florida 34142
	11-7-2022	ī.	.22000478017
•	Date of filing/registration in Florida	4.	Document number
. (a)	United States Corporation Agents, LLC		
	Registered Agent and Registered Office shown on the records of t	he Florida [Dept. of State;
	Cheyenne Moseley		
	Registered Office Address MUST BE FLORIDA STREET A	(DDRESS)	MINIMUM MINIMUM
	55 S. Semoran Boulevard Suite 36		William EVO WAR ON THE WAR THE
	Orlando , FL	32822	WILLIAM EVONNE ON THE PROPERTY OF THE PROPERTY
(b)	Tracy M Martin		The same of the sa
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	
			Monne o
	NEW Registered Office Address:		11-23
	6046 National Boulevard #426		
	Ave Maria F1 3	34142	
the li			
	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or in the case of a Florida limited liab		ate of Florida, it is hereby confirmed that after the
	re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the lin		
	uz M Maeta		4 Martin, Member
Signaid	re of a member or authorized representative of a member		Printed or typed name of signee
	y accept the appointment as registered agent and garage	to act in	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been