M12000007248

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



500301740515

07/26/17--01015--005 **25.00

2017 JUL 26 PM 3: 25

J. HARRIE

•	
	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: My Success Name of	Coach, LC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Name of Person My Success Coach, l	<u></u>
P.O. Box. 22524 Address	
Fort Lauderdale, FL City/State and Zip Code	33335-2524
Hinad 128e hot mail. E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Tina Shafe a	t (954) 296-3809 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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 in	
1. Name of the limited liability company: My Su	icess Coach LLC
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)
221 SW10th Street	P.O. Rox 22524
Fort Landerdale, FL 333	15 Fort landerdale, FL3333
12/7/2012 Date of filing/registration in Florida	M12000007248
	4. Document number
5. (a) Tina Shafer	
Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
221 Colonia Cha 1 2	ODO E Suprise Blvd. #ISA
For Landerdales Fl., FL	2334 33304
(b)	70. 2
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
·	
Tina Shafer	ASS. 26
NEW Registered Office Address:	- SEE 6
221 SW10th Street	PA PA
Fort Lauderdale FL	≅
tort Lauderdale FL	333 LS 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
If the limited liability company is not organized under the law	g of the State of Florida, it is bornly and forward that at a
the change or changes are made, the Florida street address of the	the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited lial	bility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the I	the limited liability company or as otherwise provided in imited liability company
Signature of a member or authorized representative of a member	Tina Shafer Printed or typed name of signee
	A STATE OF THE STA
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete path the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Agent	

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