

P04000156785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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An Office of MetLife
301 East Pine Street, Suite 800, Orlando, FL 32801
Tel (407) 425-7501 ext. 328 • Direct (407) 654-8930 • Fax (407) 422-7569
dstreit@metlife.com

David Streit
Production Manager
Registered Representative

The Retirement Coach

September 10, 2007

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Change of Address
THE RETIREMENT COACH, INC.
THE RETIREMENT COACH

Doc #: P04000156785
Doc #: G04278900295

Enclosed please find the form for a change of address of Registered Officer/Agent and a check for \$35.00.

Please note that my physical office address is

301 E. Pine Street
Suite 800
Orlando, FL 32801

My mailing address (corporation and for me) is:

P O Box 783545
Winter Garden, FL 34778-3545

I would prefer that the PO Box be used where ever a street address is not required.

Cordially,



David M. Streit
President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Retirement Coach, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P04000156785

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Streit

(Name of Contact Person)

The Retirement Coach, Inc.

(Firm/Company)

P O Box 783545

(Address)

Winter Garden, FL 34778-3545

(City/State and Zip Code)

For further information concerning this matter, please call:

David M. Streit

(Name of Contact Person)

at (407)

654-8930

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Retirement Coach, Inc.
2. The principal office address: 301 E. Pine St, Suite 800, Orlando, FL 32801
3. The mailing address (if different): P O Box 783545
Winter Garden, FL 34778-3545
4. Date of incorporation/qualification: 11/12/2004 Document number: P04000156785
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David M. Streit
9316 Black Bear Lane
Winter Garden, FL 34787

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

301 E. Pine St, Suite 800, Orlando, FL 32801

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

David M. Streit, President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

9/10/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8 05)

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