P05000 143 404

(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



600340254646

02/12/20:-01010--011 +*35.00

SCORLIARY OF STATE OF



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	IECT: Coaching The Winner's Edge, Inc.	
1 141111	. or exaporation	
DOC	UMENT NUMBER: P05000143404	
The e	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter	to the following:
Thor	nas O. Wells, Esq.	
Name	of Contact Person	
Wells	& Wells, P.A.	
	Company	
901 F	once de Leon Blvd., Suite 200	
Addre	ess	
Coral	Gables, FL 33134	
City/S	State and Zip Code	
	Mechelle@twellslaw.com	
E-ma	il address: (to be used for future annual report	t notification)
For fu	urther information concerning this matter, please c	all:
Thom	as O. Wells	at (305)444-0016
	Name of Contact Person	at (305)444-0016 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation org	0302, 607.1308, or 617.1308, Florida Statutes, thi ganized under the laws of the State of <mark>Florida</mark> gistered agent, or both, in the State of Florida.	2	
1. The name of t	the corporation: Coaching The Winner office address: 7687 Dahlia Court, W	er's Edge, Inc.		
2. The principal	office address:			
	ddress (if different):			_
4. Date of incorporation/qualification: 10/20/2005 Document number: P05000143404				
	street address of the current registere trnent of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)		
	BSPA Corporate Services, Inc.	· · ·		
200 S. Biscayne Blvd., Suite 1000			202); Y
	Miami, FL 33131		2020 FEB	X0.8
6. The name and street address of the new registered ager (if changed):		igent (if changed) and /or registered office	3 13 PM	AVERSOU TO NOISLAR
	Wells & Wells, P.A.		™ ?:].
901 Ponce de Leon Blvd., Suite 200			80 :	
	P.O Coral Gables, FL 33134	Box NOT acceptable		
The street addre	ss of its registered office and the stre	eet address of the business office of its registered	l agent,	
Such change we authorized by the	is authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.		
	(SIS) _	Barry Gottlieb		
	re of an officer or diffector	Printed or typed name and title		
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete per fo obligation of my position as registered agent. On the registered office address, I hereby confirm t ge.	ormanc r, if this that the	e
Signature of Registered Agent		January 30, 2020		
If signing on be	half of an entity:			
Thomas O. Wel				
	yped 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 (04/13)