

P13000019782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

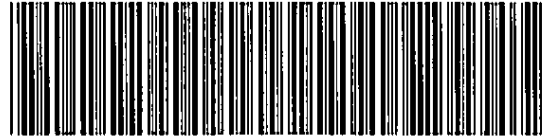
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/26/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WARRIOR POWER YOGA INC.  
Name of Corporation

**DOCUMENT NUMBER:** P13000019782

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:

Kim Zamoff

Name of Contact Person

Warrior Power Yoga

Firm/Company

3012 Corine Drive

Address

Orlando, FL 32803

City/State and Zip Code

kim.warrior.one@gmail.com

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

For further information concerning this matter, please call:

Kim Zamoff

Name of Contact Person

at ( 407 ) 952-1920

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: WARRIOR POWER YOGA INC.
2. The principal office address: 3012 Corrine Drive, Orlando, Florida 32803
3. The mailing address (if different): 211 Buena Vista Drive North, Dunedin, Florida 34698
4. Date of incorporation/qualification: 02/28/2013 Document number: P13000019782
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dore I Zamoff

211 Buena Vista Drive North

Dunedin, Florida 34698

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

Kim Zamoff

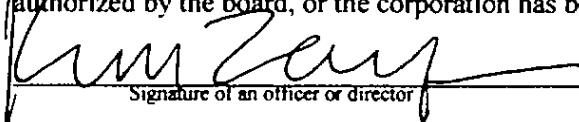
211 Buena Vista Drive North

P.O. Box NOT acceptable

Dunedin, Florida 34698

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

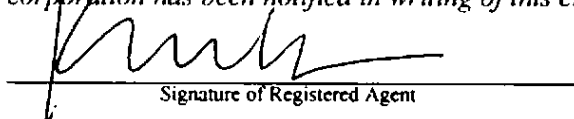
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Kim Zamoff, 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

9/16/2020  
Date

If signing on behalf of an entity:

[Warrior Power Yoga, Inc.]  
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 (04/13)

SECRETARY OF STATE  
TALLAHASSEE, FL

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