## P130000 42748

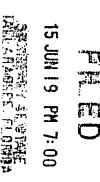
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## **COVER LETTER**

Division of Corporations
SUBJECT: Carpal Tunnel Coaching Inc. Name of Corporation  DOCUMENT NUMBER: P130000 42748
DOCUMENT NUMBER: P130000 42748
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
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:
Lauren Jump Name of Contact Person
Carpal Tunnel Coaching
15208 Cricket Ln.
Fort Myers/FL/33919 City/State and Zip Code
info@CarpalTunelCoaching.(on E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:  Cathy Coken at (139, 896-8977)  Name of Contact Person at (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 Tallahassas FL 32314  Mailing Address: Amendment Section Division of Corporations Clifton Building 2661 Evacutive 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 <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Carpal Tunnel Coachina Inc.
2. The principal office address: 15208 Cricket Lo
Fort Myers, FL, 33979
3. The mailing address (if different): PO BOX 7305
FOCT NIGHTS, FL, 3311/
4. Date of incorporation/qualification: 5-13-13 Document number: P150000 42/42
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)
Corporation Service Company 1201 Hays St.  Tallahassee, FL 32301 Us  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Cathy Cohen
Fort Myers, FL, 33919  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 Alice of director Lauren Jump CEO Printed or typed name and utile
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 Kegistered Agent  Date
If signing on behalf of an entity:
Cathy Cohen Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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