140000 57845

(Requestor's Name)		
(Address)		
(,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
operation to 7 mmg officers		





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COVER LETTER

TO: Amendment Section Division of Corporations	· •
SUBJECT: Yoga U, Inc. Name of Corporation	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Roger A. Mallory	
Name of Contact Person Yoga U, Inc.	
Firm/Company 6361 Bahia Del Mar Boulevard	
Address St. Petersburg, Florida 33715	
City/State and Zip Code rogermallory@hotmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Roger A. Mallory	at (863) 860-5767
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Do	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

Down and to the manifold of the CON 0502 (17.0502 (07.1502) (17.1502)
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
1. The name of the corporation:
2. The principal office address: 6361 Bahia Del Mar Boulevard, St. Petersburg, Florida 33715
3. The mailing address (if different): 4. Date of incorporation/qualification: July 8, 2014 Document number: P14000057845
4. Date of incorporation/qualification: July 8, 2014 Document number: P14000057845
 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)
Roger Mallory
6111 Sky Flower Court
Bartow, Florida 33830
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6361 Bahia Del Mar Boulevard
St. Petersburg
P.O. Box NOT acceptable Florida 33715
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 perfector Printed or type name and fille
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.
Strengture of Registered August
Signature of Registered August Date If signing on behalf of an entity:
Typed or Printed Name

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