

P1500056845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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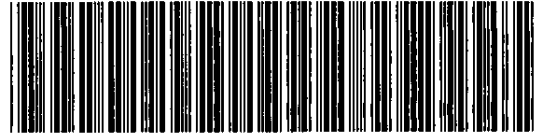
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

5/50m

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BIG FISH YOGA HOLDINGS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000056845

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:

MARY LYN JENKINS  
Name of Contact Person

BIG FISH YOGA HOLDINGS, INC.  
Firm/Company

18 POND UDEA CIRCLE  
Address

POND UDEA BCH, FL 32082  
City/State and Zip Code

MARYLYN@BIGFISHPONDUDEAYOGA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY LYN JENKINS at (425) 220-7297  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2017

MARY LYNN JENKINS  
18 PONTE VEDRA CIRCLE  
PONTE VEDRA BCH, FL 32087

SUBJECT: BIG FISH YOGA HOLDINGS, INC.  
Ref. Number: P15000056845

We have received your document for BIG FISH YOGA HOLDINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

THE COMPLETE ADDRESS NEEDS TO BE ADDED TO REGISTERED AGENT INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 117A00007509

**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: BIG FISH VOGA HOLDINGS, LLC  
2. The principal office address: 3852 SOUTH THIRD STREET, JACKSONVILLE, FL 32250

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/7/2015 Document number: P15000086845

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)

ADUOS LEGAL PLLC  
5000 SAWGRASS CIRCLE, SUITE 7  
PONTE VEDER BEACH, FL 32082

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TALLAHASSEE, FLORIDA

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

MARYLYN JENKINS  
18 PONTE VEDER ~~BEACH~~ <sup>CIRCLE</sup> ~~FL 32082~~  
P.O. Box NOT acceptable  
PONTE VEDER BEACH, FL 32082

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.

MaryLyn Jenkins  
Signature of an officer or director

MARYLYN JENKINS, PSTD  
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.

MaryLyn Jenkins  
Signature of Registered Agent

4/13/17  
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