

P190000 53850

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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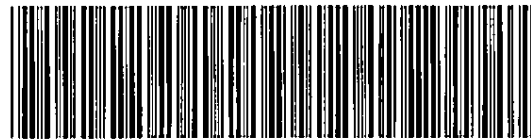
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LocasYoga, Inc

Name of Corporation, i.

DOCUMENT NUMBER: P19000053850

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:

Kristin L Bellingham

Name of Contact Person

Localsyoga, Inc

Firm/Company

201 4th St S Unit 639

Address

St Petersburg, FL

City/State and Zip Code

kristy@localsyoga.com

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

For further information concerning this matter, please call:

Kristy Bellingham

Name of Contact Person

at ( 919 ) 417-5812

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

**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: LocalsYoga, Inc
2. The principal office address: 201 4th St S Unit 639  
St Petersburg, FL 33701
3. The mailing address (if different): 200 2ND AVE S # 787  
ST PETERSBURG, FL 33701
4. Date of incorporation/qualification: 6/26/2019 Document number: P19000053850
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)

Kristin L Bellingham

634 29TH AVE N

ST PETERSBURG, FL 33704

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

Kristin L Bellingham

201 4th St S Unit 639

P.O. Box NOT acceptable

St Petersburg, FL 33701

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.

Kristin L Bellingham  
Signature of an officer or director

Kristin L Bellingham, 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.*

Kristin L Bellingham  
Signature of Registered Agent

October 23 2019

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

CR2E045 (03/12)