## Florida Department of Stare

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email .	Address:		
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## LLC REGISTERED AGENT CHANGE HANOVERLIFECOACHING L.L.C.

Certificate of Status	0
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CEC 1 3 2023

K. Brumbley

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company: HanoverLifeCoac	hing L.L.C.			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Orlando Florida (US)32819		,		
	11/18/2022 12:00:00 AM		22000493910		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)				
	Jacksonville, FL	32202			
41	Corporate Creations Network Inc.			20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ress:	2023 DEC		
	801 US Highway 1		EC -8		
	NEW Registered Office Address:		PH (2007)		
				. <del></del>	
	North Palm Beach , FL	33408		<del></del>	
changi agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limite	office and the business ipany, it is hereby confi ed liability company or	office of the registered rmed that the change(s)	
		le W. Gossman, Special N	. Gossman, Special Manager		
_	ature of a member or outhorized representative of a member		,	I name of signee	
provis the ob to mer	thy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I i d in writing of this change.	pertorman	ice of my duties, and La	m familiar with and accept	
		ossman,	Special Secretary		
Signati	ure of Registered Agent				