

L/6000185017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2017

CHARLES EVANS GLAUSIER
400 N. ASHLEY DR., STE. 2020
TAMPA, FL 33602

SUBJECT: TREMENDOUS HEALTH COMPANY, LLC
Ref. Number: L16000185017

We have received your document for TREMENDOUS HEALTH COMPANY, LLC and check(s) totaling \$1995.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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

✓
See attached

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 017A00024852

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MAIL AUGUST 11 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tremendous Health Company, LLC
Name of Corporation

DOCUMENT NUMBER: L16000185017

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:

Charles Evans Glausier
Name of Contact Person

Glausier Knight, PLLC
Firm/Company

400 N. Ashley Drive, Ste. 2020
Address

Tampa, FL 33602
City/State and Zip Code

cglausier@glausierknight.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Evans Glausier at (813) 440-4600
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

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.

1. Name of the limited liability company: TREMENDOUS HEALTH COMPANY, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
400 N. Ashley Drive, Suite 2020
Tampa, FL 33602

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
400 N. Ashley Drive, Suite 2020
Tampa, FL 33602

3. 10/05/2016 Date of filing/registration in Florida

4. L16000185017 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

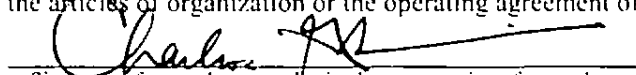
Charles Evans Glausier
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1801 N. Highland Avenue
Tampa, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Charles Evans Glausier
NEW Registered Office Address:
400 N. Ashley Drive, Suite 2020
Tampa, FL 33602

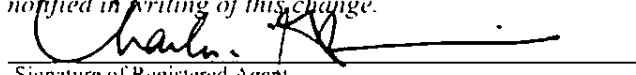
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 Signature of a member or authorized representative of a member

Charles Evans Glausier
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent