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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

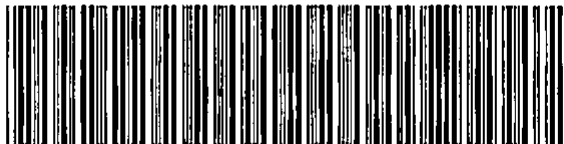
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3 in One Health LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Talisa Stowers  
Name of Person

3 in One Health  
Firm/Company

290 Citrus Tower Blvd, Ste #230  
Address

Clermont FL 34711  
City/State and Zip Code

talisa@3inonehealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Talisa Stowers at (352) 432-8722  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

**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: 3 in One Health, LLC

2. (a) 290 Citrus Tower Blvd (Clermont FL) (b) 290 Citrus Tower Blvd Ste #2  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Clermont, FL 34711

Clermont FL, 34711

3. 3/15/2018  
 Date of filing/registration in Florida

4. L13000068051  
 Document number

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

835 7th Street Ste #14

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Clermont

FL 34711

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

290 Citrus Tower Blvd,  
NEW Registered Office Address:

State #1230

Clermont, FL 34711

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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]  
 Signature of a member or authorized representative of a member

Talisa Stowers  
 Printed or typed name of signer

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]  
 Signature of Registered Agent