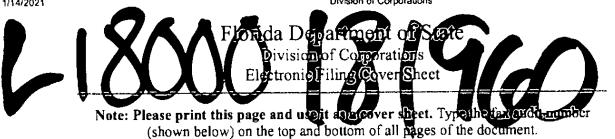
1/14/2021

Division of Corporations



(((H210000196973)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

Fax Number : (323)962-3889

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

Email Address:_

LLC REGISTERED AGENT CHANGE LEGENDARY WELLNESS USA, LLC

Certificate of Status	0
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Help

(.)

From: Laura Rodnguez

\$:	COVER LETTER								
	istration Section sion of Corporations								
SUBJECT:	LEGENDARY WELLNESS	USA, LLC							
SUBJECT	Name of Limited Liability Company								
Dear Sir or I	Madam:								
The enclosed	d Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.						
Please return	n all correspondence concerning th	is matter to th	ne following:						
Cheyenne	e Moseley								
-	Name of Person								
Legalzooi	m.com, Inc.								
	Firm/Company		 -						
101 N. Br	and Blvd., 10th Floor								
	Address								
Glendale,	. CA 91203								
	City/State and Zip Code								
johnwjkn(@comcast.net								
E-mai	address: (to be used for future and	nual report no	tification)						
For further	information concerning this matter	, please call:							
Cheyenne	e Moseley	800 at (773-0888 ext 9724						
	Name of Person	ut (Area Code & Daytime Telephone Number						
Reg Div Clif 266	gistration Section rision of Corporations fton Building LExecutive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:									
- 9	\$25 Filing Fee	Ø	\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

I. Na	me of the limited liability company: LEGENDA	RY WELL	NESS I	JSA, LLC			
	11521 VILLA GRAND,	(b	(b) 11521 VILLA GRAND,				
2. (8)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	, <u></u>	Mailing address of I (Note: MAY BE			
	903		903				
	FORT MYERS, FL 33913	******	FORT	MYERS, FL 33	913		
	07/30/2018		L18000)181960			
3.	Date of filing/registration in Florida	4.	·····	Document num	ber		
5. (a)	UNITED STATES CORPORATION AGEN	ITS, INC.					
J. (4)	Registered Agent and Registered Office shown on the records 5575 S. SEMORAN BLVD	of the Florida	Dept. of S	inte:			
	Registered Office Address (MUST BE FLORIDA STREET SUITE 36						
	ORLANDO	FL_32822		_			
(b)	Coley Salov				æ	10	
1 -7	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:		The state of the s	-27	
	9203 Estero River Circle				•		
	NEW Registered Office Address:				ľ	ភ	-,
				_		10	7
	Estero	FL_33928	,			; p	
agent was her	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of	of the region of the link of the limited	istered of ompany, nited liab	it is hereby confinitive company or a company.	ess offic ned that	t the cha	negistered inge(s)
-	sture of a member or authorized representative of a member			Printed or typed			
provis the ob-	thy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this charge.	iete perjorn	Chapter	605 F.S. Or. if th	is docum	nent is b	eing filed
Signate	ure of Registered Agent						