

**LO4000068596**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To:

Division of Corporations  
Fax Number : (850) 617-6383

Please retain original filing  
date of submission 8/13

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

FILED  
10 AUG 13 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
BERNSTEIN MCCONNELL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	084
Estimated Charge	\$55.00

**D. BRUCE**

AUG 18 2010

**EXAMINER**

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



August 16, 2010

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsBERNSTEIN MCCONNELL, LLC  
C/O DR. BERNSTEIN HEALTH & DIET CLINICS  
21 KERN ROAD  
TORONTO, ON M3B1S-9CASUBJECT: BERNSTEIN MCCONNELL, LLC  
REF: L04000068596FILED  
10 AUG 13 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections: refile the complete document, including the electronic filing cover sheet.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist IIFAX Aud. #: H10000182518  
Letter Number: 010A00019565**\*RE-SUBMIT\***Please retain original filing  
date of submission 8/13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bernstein McConnell, 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:

Jim Reitan  
Name of Person

Bernstein McConnell, LLC  
Firm/Company

21 Kern Rd  
Address

Toronto, ON Canada M3B 1S9  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jim Reitan at ( 416 ) 447-3438 ext 228  
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

TNHS18 (3/08)

**FILED**  
10 AUG 13 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Bernstein McConnell, LLC

2. (a) Principal office address of limited liability company: Dr. Bernstein Diet & Health Clinic



**(Note: MUST BE STREET ADDRESS)**

10330 North Dale Mabry, Suite 150  
Tampa, FL 33618

(b) Mailing address of limited liability company:



**(Note: MAY BE POST OFFICE BOX)**

Dr. Bernstein Diet & Health Clinic

21 Kern Rd.  
Toronto, ON Canada M3b 1S9

September 14, 2004

L04000068396

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

TROY A KISHBAUGH

Registered Office Address:

301 E. Pine Street, Suite 1400  
Orlando, FL 32801 US

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

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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

James O. Reitan

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 608, 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.*

By:

  
Deborah Diaz  
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (05/08)