## L06000048058

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: EHARTWELL  Name of Limited Li	LLC ability 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:		
Arlene Hartwell Name of Person		
EHAMWELL LLC Firm/Company	<del></del>	
11954 Narcoossee Road, Suite 2-50.	<u>3</u>	
Orlando, Florida 32832 City/State and Zip Code		
E-mail address do be used for future annual report notific	cation)	
For further information concerning this matter, please call:		
Artene Hartwell at (407 Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filling Fee

## 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.

is the state of twitter.
1. Name of the limited liability company: EHAT-WELLC
2. (a) Janal Hartwell  Principal office address of limited liability company:  Mailing address of limited liability company:
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
11954 Narcoossee Road 11954 Narcoossee Road
Suite 2-503, Orlando, FL 32832 Suite 2-503, Orlando, FL 32832
<u>05/10/2006</u> <u>L06000048058</u>
Date of filing/registration in Florida 4. Document number
5. (a) Artere Hartwell  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6900 Tavistock Lakes
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite # 400
(b) HYPER HWTWEII Enter name of NEW Registered Agent and/or NEW Registered Office address:
Maril Macanaca D
11954 Narcoossee Road  NEW Registered Office Address:
Suite 2-503
Orlando FL 32832
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  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