

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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
WELLNESS WATCHERS GLOBAL, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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FEB 03 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLNESS WATCHERS GLOBAL, 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:

Jemima Abreu

Name of Person

Vcorp Services

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

jabreu@vcorpservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jemima Abreu

Name of Person

at (845)

425-0077

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

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
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability co. submits the following statement in order to change its registered office or registered agent, or both, in the State of F.

1. Name of the limited liability company: WELLNESS WATCHERS GLOBAL LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
990 S. Rogers Circle Suite 3
BOCA RATON, FL 33487
- (b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
990 S. Rogers Circle Suite 3
BOCA RATON, FL 33487
3. 12/18/2006 Date of filing/registration in Florida
4. 1.06000119925 Document number

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

Benson, Ryan M. MGRM
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1289 Clint Moore Rd
Boca Raton, FL 33487

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

Vicorp Services, LLC
NEW Registered Office Address:
1200 South Pine Island Road
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 if 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.

Minton, Darren
Signature of a member or authorized representative of a member

/s/ Minton, Darren
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]
Signature of Registered Agent