

L08000627810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

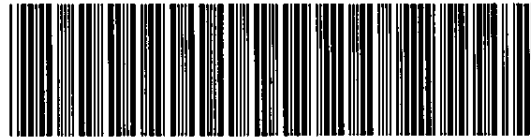
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256604133

02/11/14--01007--019 **25.00

14 FEB 17 10 026
NORTH CAROLINA
FALLS CHURCH
J. STIVERS

J. Stivers FEB 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SPIRIT WITHIN, 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:

CARA PODOLNICK

Name of Person

MARCUS W. CORWIN, P.A.

Firm/Company

6001 BROKEN SOUND PARKWAY NW, SUITE 404

Address

BOCA RATON, FL 33487

City/State and Zip Code

CPODOLNICK@CORWINLAWFIRM.COM

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

For further information concerning this matter, please call:

CARA PODOLNICK at (561) 482-3636

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, 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: THE SPIRIT WITHIN, LLC

2. (a) Principal office address of limited liability company: 6001 BROKEN SOUND PARKWAY NW, SUITE 404
(Note: MUST BE STREET ADDRESS) BOCA RATON, FL 33487

(b) Mailing address of limited liability company: 6001 BROKEN SOUND PARKWAY NW, SUITE 404
(Note: MAY BE POST OFFICE BOX) BOCA RATON, FL 33487

3/18/2008

L08000027810

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:

JONATHAN J. LICHTMAN

Registered Office Address:

20283 STATE ROAD 7, SUITE 300
BOCA RATON, FL 33498

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

NEW Registered Agent:

MARCUS W. CORWIN

NEW Registered Office Address:

6001 BROKEN SOUND PARKWAY NW, SUITE 404

(MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL

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.

Marcus W. Corwin
Signature of a member or authorized representative of a member

MARCUS W. CORWIN

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.

Marcus W. Corwin
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00