

L08000045646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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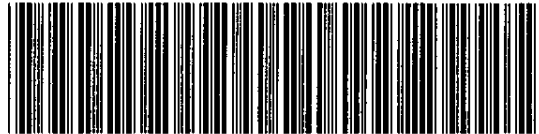
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

DEC - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Health Collective, 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:

Travis Tolle
(Name of Person)

The Health Collective, LLC
(Firm/Company)

1969 South Alafaya Trail 410
(Address)

Orlando, FL 32828
(City/State and Zip Code)

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For further information concerning this matter, please call:

Travis Tolle at (954) 478-7519
(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 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: The Health Collective, LLC

2. (a) Principal office address of limited liability company: 1802 North Alafaya Trail SUITE 129
(Note: MUST BE STREET ADDRESS) Orlando, FL 32826

(b) Mailing address of limited liability company: 1802 North Alafaya Trail SUITE 129
(Note: MAY BE POST OFFICE BOX) Orlando, FL 32826

05/06/2008

3. Date of filing/registration in Florida

L08000045646

4. Document number

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

Registered Agent:

Travis Tolle

Registered Office Address:

1969 South Alafaya Trail 410
Orlando, FL 32828

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

NEW Registered Agent:

Travis Tolle

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1802 North Alafaya Trail SUITE 129
Orlando, FL 32826

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)

Travis Tolle

(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.

(Signature of Registered Agent)

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