L08000055162

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LEGALZOOM.COM INC.
Account Number : 120010000063
Phone : (323)962-8600
Fax Number : (323)962-3889

REGISTERED AGENT CHANGE

MYSTICSPIRIT HEALTH WAYS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$35.00~~ 25.00

2009 JUN -3 AM 8:00
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TALLAHASSEE, FLORIDA

S. HAWKES
JUN 4 - 2009
EXAMINER

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176380
FROM	Tony Burroughs
DATE	2009-06-03 18:29:03 GMT
RE	Please file with FL SOS

COVER MESSAGE

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From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]
Sent: Wednesday, June 03, 2009 12:47 PM
To: Tony Burroughs
Subject:

This document was digitally sent to you using an HP Digital Sending device.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYSTICSPIRIT HEALTH WAYS, 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:

Tony Burroughs
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Ste. 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs at (323) 962-8600
(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:

☑ $35 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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.

FILED
08 JUN -3 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of the limited liability company: MYSTICSPIRIT HEALTH WAYS, LLC

2. (a) Principal office address of limited liability company: 9522 N. ASHLEY STREET
TAMPA FL 33612
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 9522 N. ASHLEY STREET
TAMPA FL 33612
(Note: MAY BE POST OFFICE BOX)

06/04/2008
3. Date of filing/registration in Florida

L08000055162
4. Document number

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

Registered Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAKS BLVD. SUITE A-100
TAMPA FL 33612 US

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

NEW Registered Agent: Barbara McDermott

NEW Registered Office Address: N. Ashley Street
(MUST BE FLORIDA STREET ADDRESS)
Tampa FL 33612

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.

Barbara McDermott
(Signature of a member or authorized representative of a member)

Barbara McDermott, 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 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.

Barbara McDermott
(Signature of Registered Agent)

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

INHS18 (05/08)