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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

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:

Albert Auer

Name of Person

Strax Wellness Center, LLC

Firm/Company

4300 North University Drive, Suite A200

Address

Lauderhill, FL 33351

City/State and Zip Code

aauer@straxre.com

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

For further information concerning this matter, please call:

Albert Auer	954 749-3040 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 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

	Aame of the limited flapfility company:	hess Center, LLC	4300 North University Drive , Suite A200
2. (a	Principal office address of limited liability comp.	(t	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BON)
	Lauerhill, FL 33351	·····	Lauderhill, FL 33351
	September 24, 2021		L0800074410
3.	Date of filing/registration in Florida	1	Document number
5. (Matk Perty, ESQ		
	Registered Agent and Registered Office shown on the red The Law Offices of Mark C. Perry	cords of the Floridi	•
	Registered Office Address (MUST BE FLORIDA ST 2400 East Commercial Boulevard, Suite 511	TREET ADDRESS	TEN:
	Fort Lauderdale	, FL	
(}			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	eistered Office ad	dress:
	Lubell & Rosen		
	NEW Registered Office Address;		
	200 South Andrews Avenue, Suite 900		
	Fort Landerdale	, FL	
chan agen was/	ge or changes are made, the Florida street address t will be identical. Or, in the case of a Florida lin	s of the register nited liability co mbers of the lim t of the limited l	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
Sie	nature of a member or authorized representative of a member		Printed or typed name of signee
I he. prov the o to m	reby accept the appointment as registered agent a isions of all statutes relative to the proper and co- bligations of my position as revisiered agent as n	ind agree to act inplete perform provided for in (in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept "hapter 605, F.S. Or, if this document is being filed mfirm that the limited liability company has been

Signature of Registered Agent

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

INHS18 (2/14)