

108000080813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

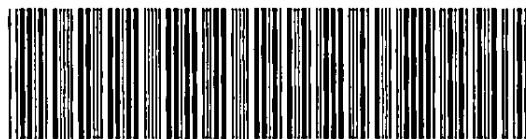
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500303305135

09/18/17--01008--025 ++25.00

FILED
17 OCT -5 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

RUTH PEARSON SMITH
179 WATERFORD H
DELRAY BEACH, FL 33446

SUBJECT: VIS-A-VIS WELLNESS, LLC
Ref. Number: L08000080813

We have received your document for VIS-A-VIS WELLNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN SECTION B PLEASE ONLY INDICATE 1 ADDRESS FOR THE REGISTERED AGENT, IF YOU ARE TRYING TO CHANGE THE PRINCIPAL ADDRESS FOR THE COMPANY ALSO, DO THAT IN SECTION A AND OR B

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00019048

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vis-a-Vis Wellness, 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:

Ruth Pearson Smith

Name of Person

Vis-a-Vis Wellness, LLC

Firm/Company

179 Waterford H

Address

Delray Beach, FL 33446

City/State and Zip Code

VisaVisWellness@bellsouth.net

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

For further information concerning this matter, please call:

Ruth Pearson Smith

Name of Person

954

567-4449

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 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.

1. Name of the limited liability company: Vis-a-Vis Wellness, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

5379 Lyons Rd #446

Coconut Creek, FL 33073

8/25/2008

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5379 Lyons Rd #446

Coconut Creek, FL 33073

L08000080813

3. Date of filing/registration in Florida

4. Document number

5. (a) Ruth Pearson Smith

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1248 NW 89th Dr Coral Springs, FL 33071

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1248 NW 89th Dr.

Coral Springs, FL 33071

(b) Ruth Pearson Smith

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

179 Waterford H Delray Beach, FL 33446

NEW Registered Office Address:

5379 Lyons Rd. #446

Coconut Creek, FL 33073

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.

Ruth Pearson Smith

Signature of a member or authorized representative of a member

Ruth Pearson Smith

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.

Ruth Pearson Smith

Signature of Registered Agent