

L10000003877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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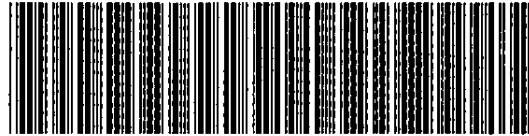
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 28 AM 11:22

N. Culligan OCT 29 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVEWELL COUNSELING & CONSULTING 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:

Dr. URSULA E. OLAZABAL

Name of Person

LIVEWELL COUNSELING & CONSULTING LLC

Firm/Company

700 WAVECREST AVENUE, UNIT 302

Address

INDIALANTIC, FL 32903

City/State and Zip Code

OLAZABAL@LIVEWELL-BREVARD.COM

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

For further information concerning this matter, please call:

Dr. Ursula E. Olazabal

Name of Person

at (321)

749.0217

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: LIVEWELL COUNSELING & CONSULTING LLC

2. (a) Principal office address of limited liability company: 700 WAVECREST AVENUE, #302



(Note: **MUST BE STREET ADDRESS**)

INDIALANTIC, FL 32903



(b) Mailing address of limited liability company:

700 WAVECREST AVENUE, #302

(Note: **MAY BE POST OFFICE BOX**)

INDIALANTIC, FL 32903

JANUARY 11, 2010

3. Date of filing/registration in Florida

L10000003877

4. Document number

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

Registered Agent:

URSULA E. OLAZABAL

Registered Office Address:

396 DOLPHIN STREET

MELBOURNE BEACH, FL 32951

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

NEW Registered Agent:

(same as above)

NEW Registered Office Address:

700 WAVECREST AVENUE, #302

(MUST BE FLORIDA STREET ADDRESS)

INDIALANTIC, FL 32903

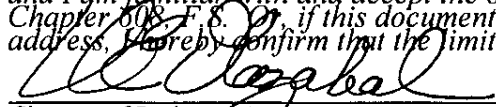
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

URSULA E. OLAZABAL

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., 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