## 410000023029

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
| (Add                      | Iress)           |           |
| (Add                      | Iress)           |           |
| (City                     | /State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT           | MAIL.     |
| (Bus                      | iness Entity Nan | ne)       |
| (Doc                      | cument Number)   | _         |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
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Office Use Only



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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 26 2010

|  | COVER LETTER  |          |
|--|---|----------|
| : TO: Registration Section Division of Corporations  |   |          |
| SUBJECT: Optimal Hea   | 1th & Wellness Center, Une of Limited Liability Company   | <u>(</u> |
| Dear Sir or Madam:   |   |          |
| The enclosed Registered Agent/Registe  | ered Office Change and fee(s) are submitted for filing.   |          |
| Please return all correspondence concer  | rning this matter to the following:   |          |
| Dena My Gazyh.  Name of Person  Optimal Health: Welle Firm/Company  2512 N Federal High Address  Delray Beach, Fu City/State and Zip Code  dena Optimal healthu E-mail address: (to be used for future annual re | ness Center  hway #105  SECRETARY OF STATE TALLAHASSEE, FLORIDA  vellness net report notification)      |          |
| Dens Maughey   | at (561) 450-6563  Area Code & Daytime Telephone Number   | <b></b>  |
| 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 foll \$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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET (b) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX)</u> 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity 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