

W10000029986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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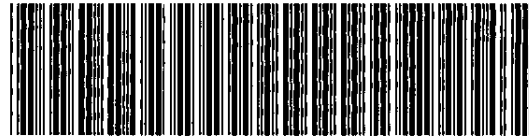
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veilla Holistics 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:

Katherine J Sosnoff
Name of Person

Veilla Holistics LLC
Firm/Company

5 Whittier Rd
Address

New Haven, CT 06515
City/State and Zip Code

katesosnoff@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine J Sosnoff at (305) 494-2724
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: Veilla Holistics LLC

2. (a) Principal office address of limited liability company: c/o Katherine J Sosnoff

(Note: MUST BE STREET ADDRESS)

742 NE 90th St Unit 402
Miami, FL 33138

(b) Mailing address of limited liability company: c/o Katherine J Sosnoff

(Note: MAY BE POST OFFICE BOX)

5 Whittier Rd
New Haven, CT 06515

March 17, 2010

L10000029986

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Katherine J Sosnoff

Registered Office Address: 1100 NE 116th St
Biscayne Park, FL 33161

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

NEW Registered Agent: (same)

NEW Registered Office Address: 742 NE 90th St
(MUST BE FLORIDA STREET ADDRESS) Unit 402
Miami, FL 33138

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

Katherine J Sosnoff

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.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00