

L110000035327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

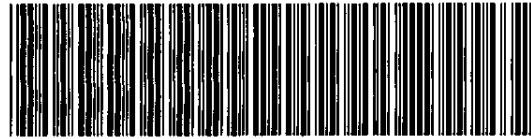
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RN's 4 HEALTH
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:

Joanna M. Purcell

Name of Person

RN's 4 Health L.L.C.

Firm/Company

4581 Julington Creek Rd.

Address

Jacksonville, FL 32258

City/State and Zip Code

justmejh@yahoo.com

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

For further information concerning this matter, please call:

Joanna Purcell

Name of Person

at (904)

386-3902

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2011

JOANNA M PURCELL
4581 JULINGTON CREEK ROAD
JACKSONVILLE, FL 32258

SUBJECT: RN'S 4 HEALTH "LLC"
Ref. Number: L11000035327

We have received your document for RN'S 4 HEALTH "LLC" and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The acceptance of the New Registered Agent must be signed by Joanna.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 311A00020924

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: RN's 4 HEALTH L.L.C.

2. (a) Principal office address of limited liability company: 4581 JULINGTON CREEK RD

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

JACKSONVILLE, FL 32258

(b) Mailing address of limited liability company:

4581 JULINGTON CREEK RD

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

JACKSONVILLE, FL 32258

23 MARCH 2011

L11000035327

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:

MARK PURCELL

Registered Office Address:

4581 JULINGTON CREEK RD
JACKSONVILLE, FL. 32258

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

NEW Registered Agent:

JOANNA PURCELL

NEW Registered Office Address:

4581 JULINGTON CREEK RD.

(MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32258

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.

Mark Purcell

Signature of a member or authorized representative of a member

MARK PURCELL

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.

Joanna Purcell
Signature of Registered Agent

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

FILING FEE: \$25.00