

From.

Division of Corporations

L110000040163

7/17/2017

#13 P.001/002

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JORGE SALCEDO H. ESQ.  
Account Number : I20100000021  
Phone : (305) 375-0640  
Fax Number : (305) 375-0708

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: nsh@law1sh.com

LLC REGISTERED AGENT CHANGE  
HEALTHY SWIRL, LLC

Certificate of Status	0
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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: HEALTHY SWIRL LLC

2. (a) Principal office address of limited liability company: 775 W 49<sup>TH</sup> Street  
(Note: **MUST BE STREET ADDRESS**) Unit 3  
Hialeah, FL 33012

(b) Mailing address of limited liability company: 775 W 49<sup>TH</sup> Street  
(Note: **MAY BE POST OFFICE BOX**) Unit 3  
Hialeah, FL 33012

4/4/11  
3. Date of filing/registration in Florida

L11000040163  
4. Document number

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

Registered Agent:

Keiny Gudino

Registered Office Address:

18574 SW 47<sup>TH</sup> Court  
Miramar, FL 33029

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

**NEW Registered Agent:**

JSH Register Agent Services Inc.

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

200 S. Biscayne Blvd  
Suite 2700  
Miami, FL 33131

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

ERASMO DA SILVA

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. On 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