

L11000071908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR - 3 2012

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GET ZEN HEALING CENTER, L.L.C.
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:

Kim M. Stanfield

Name of Person

The Hogan Law Firm

Firm/Company

20 So. Broad Street

Address

Brooksville, Florida 34601

City/State and Zip Code

kstanfield@hoganlawfirm.com

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

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12 APR - 2 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kim M. Stanfield

Name of Person

at (352)

799-8423

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: GET ZEN HEALING CENTER, L.L.C.

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

4011 NORTH TAMPA ROAD, SUITE 13
OLDSMAR FL 34677

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

1351 CANDLELIGHT BLVD.
BROOKSVILLE FL 34601

6/20/2011

L11000071908

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: PHILLIPS, SUSAN L

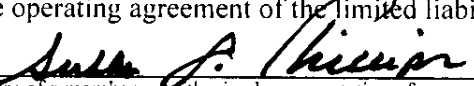
Registered Office Address: 1351 CANDLELIGHT BLVD.
BROOKSVILLE FL 34601

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

NEW Registered Agent: THE HOGAN LAW FIRM, LLC

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 20 SO. BROAD STREET
BROOKSVILLE, FL 34601

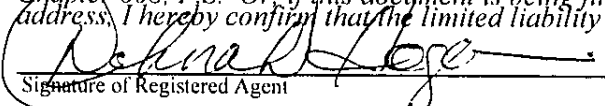
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida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

SUSAN L. PHILLIPS

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

FILED
JUN -2 PM 2:51
TALLAHASSEE, FLORIDA
DIVISION OF STATE