

L11000129011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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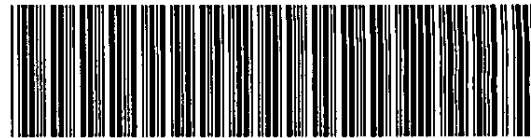
(Business Entity Name)

(Document Number)

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S. YOUNG

17 FEB -6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fertility Heaven, 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:

Miriam Torres

Name of Person

Fertility Heaven

Firm/Company

960 West 41 Street, Suite 116

Address

Miami Beach, FL 33140

City/State and Zip Code

info@fertilityheaven.com

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

For further information concerning this matter, please call:

Miriam Torres

at (786) 7284711

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

11 FEB 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB - 6 PM 3:54

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Fertility Heaven, LLC
2. (a) 960 West 41 Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 116
Miami Beach, FL 33140
- (b) 960 West 41 Street
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 116
Miami Beach, FL 33140
3. 11/14/2011
Date of filing/registration in Florida
4. L11000129011
Document number
5. (a) Miriam Torres
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

7915 East Drive, Apt 1B

North Bay Village, FL 33141

(b) Miriam Torres

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

960 West 41 Street, Suite 116

Miami Beach, FL 33140

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.

Miriam Torres

Signature of a member or authorized representative of a member

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 605, 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
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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