

112000035515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

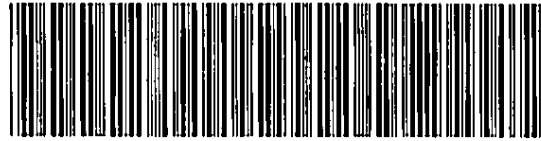
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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2019 JUN -5 PM 4:51
CLERK OF SUPERIOR COURT
JULIA A. GIBSON

T GLASS

JUN 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

OLGA DEPENBROCK
4450 NW 95TH AVE
CORAL SPRINGS, FL 33065

SUBJECT: YOU GO HEALTHY, LLC
Ref. Number: L12000035515

We have received your document for YOU GO HEALTHY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 319A00010500

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUN 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You Go Healthy 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:

Olga Depenbrock
Name of Person

You Go Healthy
Firm/Company

4450 NW 95th Ave
Address

Coral Springs, FL 33065
City/State and Zip Code

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

For further information concerning this matter, please call:

Robin Massey at (561) 715-8543
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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CLERK OF SUPERIOR COURT

**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: You Go Healthy, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4450 NW 95th Ave
Coral Springs, FL 33065

3. 03/05/19 ~~03/05/19~~ 4. L12000035515
Date of filing/registration in Florida Document number

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

6100 Glades Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 205
Boca Raton, FL 33434

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

4450 NW 95th Ave
NEW Registered Office Address:
Coral Springs
_____, FL 33065

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SECRETARY OF STATE
TALLAHASSEE, FL 32311

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]
Signature of a member or authorized representative of a member

Olga Depenbrock
Printed or typed name of signer

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]
Signature of Registered Agent