

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tranquility Wellness Center 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:

Donna McCoy-McKay

Name of Person

Tranquility Wellness Center

Firm/Company

4100 5th Avenue North

Address

St Petersburg, FL 33713

City/State and Zip Code

mccdon3@aol.com

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

For further information concerning this matter, please call:

Donna McCoy-McKay at (727) 290-7467

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

FILED
13 JUL 17 PM 5:14
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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: Tranquility Wellness Center LLC

2. (a) Principal office address of limited liability company: 4100 5th Avenue North
St Petersburg, FL 33713
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 4100 5th Avenue North
St Petersburg, FL 33713
(Note: MAY BE POST OFFICE BOX)

September 18, 2012

3. Date of filing/registration in Florida

4. Document number

L12000119475

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

Registered Agent: Stephen Simone CPA

Registered Office Address: 6439 Central Avenue
St Petersburg, FL 33710

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

NEW Registered Agent: Donna McCoy-McKay

NEW Registered Office Address: 4100 5th Avenue North
(MUST BE FLORIDA STREET ADDRESS)
St Petersburg, FL 33713

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.

Donna McCoy-McKay
Signature of a member or authorized representative of a member

Donna McCoy-McKay
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.

Donna McCoy-McKay
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00