

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239) 344-1100  
Fax Number : (239) 344-1529

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

Email Address: \_\_\_\_\_

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15 SEP 30 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
WELLNESS DIMENSIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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15 SEP 30 AM 10:39  
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TALLAHASSEE, FLORIDA

OCT 01 2015

G. YOUNG

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wellness Dimensions 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:

Robert S. Forman

Name of Person

Henderson, Franklin et al

Firm/Company

P.O. Box 280

Address

Fort Myers, Florida 33902

City/State and Zip Code

wellnessdimensions.kavitha@gmail.com

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

For further information concerning this matter, please call:

Robert Forman

at 239

344-1239

Name of Person

Area Code &amp; 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

INHS18 (2/14)

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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 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: Wellness Dimensions LLC

<p>2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i></p> <p><u>400 8th St North</u></p> <p><u>Naples, FL 34102</u></p> <p><u>September 19, 2012</u></p>	<p>(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i></p> <p><u>400 8th St North</u></p> <p><u>Naples, FL 34102</u></p> <p><u>L12000120609</u></p>
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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:

Jerome M. Riccio

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1104 NW 43rd Avenue

Cape Coral, FL 33993

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

Kavitha Gudur

NEW Registered Office Address:

400 8th St North

Naples, FL 34102

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

Kavitha Gudur

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 of Registered Agent

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

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Dr Gudur

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