

L13000017151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 SEP 26 P 3:28

CLERK OF COURT
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Live Well Medical Centers Orlando, 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:

Maria Pucci

Name of Person

Firm/Company

3105 Bishop Estates Rd.

Address

St. Johns, FL 32259

City/State and Zip Code

mpucci@teletelinc.com

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

For further information concerning this matter, please call:

Maria Pucci **904** **296-9500**
at ()
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

STATE OF FLORIDA
TALLAHASSEE

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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.

Live Well Medical Centers Orlando, LLC

1. Name of the limited liability company: _____
2. (a) 6001 Vineland Rd. (b) 3105 Bishop Estates Rd.
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Suite 117
- Orlando, FL 32819 St. Johns, FL 32259

02/04/2013

L13000017151

3. Date of filing/registration in Florida 4. Document number

Rezlegal, LLC

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4230 Pablo Professional Court

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 200

Jacksonville, FL 32256

Maria Pucci

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

NEW Registered Office Address:

3105 Bishop Estates Rd.

St. Johns, FL 32259

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.

Maria Pucci

Maria Pucci
Signature of a member or authorized representative of a member

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.

Maria Pucci
Signature of Registered Agent