

L13000062996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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change

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FILED  
2014 AUG 18 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK  
8/19/14

\*00789, 04055, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

Alex Algarin  
6820 Indian Creek Dr.  
Apt 102  
Miami Beach, FL 33141

SUBJECT: PRIVATE WELLNESS COMPANY, LLC  
Ref. Number: L13000062996

We have received your document for PRIVATE WELLNESS COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 214A00016310

RECEIVED  
14 AUG 18 PM 2:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Private Wellness Company  
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:

Alex Algarin  
Name of Person

Firm/Company

4820 Indian Creek Drive Apt 1B  
Address

Miami Beach, FL 33141  
City/State and Zip Code

alex.algarin@mc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Algarin at (786) 295-7184  
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

**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: Private Wellness Company, LLC
2. (a) 6820 Indian Creek Dr. Apt 1B Miami Bch, FL 33141  
Principal office address of limited liability company: FL 33141  
(Note: **MUST BE STREET ADDRESS**)
- (b) 6820 Indian Creek Dr. Apt 1B  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Miami Beach, FL 33141

3. 4/30/12 Date of filing/registration in Florida
4. L13000062996 Document number

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

1201 Hays St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee  
, FL 32301

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

6820 Indian Creek Dr Apt 1B  
**NEW Registered Office Address:**  
Miami Beach, FL 33141  
, FL

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Alex Algerin  
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]  
Signature of Registered Agent