

L13 0000065450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

MAY 26 2022

5/20/22

Office Use Only



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FILED  
MAY 20 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 MAY 20 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FL

May 9, 2022

ALICE MONSAERT  
6415 ALESHEBA LANE  
SARASOTA, FL 34240

SUBJECT: WELL FIT LLC  
Ref. Number: L13000065450

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 222A00010637

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Well Fit, 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:

Alice MONSAERT

Name of Person

WellFitLLC

Firm/Company

6415 Alesheba Ln

Address

Sarasota FL 34240

City/State and Zip Code

Alice.MONSAERT@gmail.com

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

or further information concerning this matter, please call:

Alice MONSAERT

Name of Person

at ( 941 )

650-7948

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Well Fit 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)

6415 Alesheba Lane  
Sarasota FL 34240

\_\_\_\_\_  
\_\_\_\_\_

3. 5/13/2023 4. L13000065450  
Date of filing/registration in Florida Document number

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

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

FILED  
MAY 20 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

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.

Alice Mousaert Alice MOUSAERT  
Signature of a member or authorized representative of a member 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.

Bill Havre - Assistant Secretary  
Signature of Registered Agent