

L13000067487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

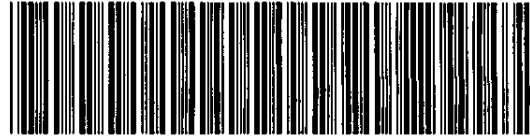
(Business Entity Name)

(Document Number)

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FALLAH-SHAFI, N. H.

Ra Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Supple Sense
Name of Corporation

DOCUMENT NUMBER: L13 0000 67487

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Orive
Name of Contact Person

Firm/Company

7756 Woodsmuir Dr
Address

West Palm Beach FL
City/State and Zip Code

orive@live.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
SECTION 605

For further information concerning this matter, please call:

Kevin Orive at (561) 801 1384
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

KEVIN ORIVE
7756 WOODSMUIR DR
WEST PALM BEACH, FL 33412

SUBJECT: SUPPLESENSE, LLC
Ref. Number: L13000067487

We have received your document for SUPPLESENSE, 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):

You have completed the wrong application. You must complete the registered agent change for a limited liability company.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 814A00025513

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Supplesense West Palm Beach

2. (a) 9790 Osprey Isles Blvd (b) 7756 Woodsmuir Dr WPB, FL 33412

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

West Palm Beach, FL 33412

3. 05/2013
Date of filing/registration in Florida

4. L 13000067487
Document number

5. (a) Nichole Wheeler

Registered Agent and Registered Office shown on the records of the Florida Department of State

9790 Osprey Isles Blvd WPB, FL 33412

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) Kevin Orive

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

7756 Woodsmuir Dr West Palm Beach

NEW Registered Office Address:

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TALLAHASSEE, FL
SECRETARY OF STATE

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.

KSO
Signature of a member or authorized representative of a member

Kevin Orive
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.

KSO
Signature of Registered Agent

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