44000000823

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100292526311

11/23/16--01003--025 **55.00

16 NOV 23 PH 2: OF SECRELARY OF STATE AND ANASSEE, FLORIDA

D. SCOTT NOV 2 8 2016

COVER LETTER

TO: Registration Section

Division of Corporations						
Chinese Medicine Living LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing	J .			
Please return all correspondence concerning this	s matter to the	e following:				
Annie Ellzey						
Name of Person						
Firm/Company						
2465 West Milmar Dr.						
Address			T S T			
Sarasota, FL 34237			NOV ECRET			
City/State and Zip Code			N 23			
ukiah.clinic@gmail.com			FILED OV 23 PH 2: 06 ETARY OF STATE HASSEE, FLORIDA			
E-mail address: (to be used for future annu	ual report noti	ification)	LOR STA			
For further information concerning this matter,	please call:		<u>5</u> 8			
Emma Suttie	941	735 - 5940				
Name of Person	(Área Code & Daytime Tele	phone 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		555 Filing Fee & Certified Cop	у			
INHS18 (2/14)						

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. Na	me of the limited liability company: Chinese Medi	icine Liv	ing LLC		
2. (a)	Chinese Medicine Living LLC	(h)	(b) Chinese Medicine Living LLC		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2465 West Milmar Dr.		2465 We	st Milmar Dr.	
	Sarasota, FL 34237	_	Sarasota	, FL 34237	
	January 1, 2014	l	_1400000	0823	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Emma Suttie				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:	
	Emma Suttie				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	1205 68th Avenue Dr. W.				
	Bradenton	34207			
		'	· -		
(b)	Annie Elizey			SEC SEC	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	温風質エ	
	Annie Ellzey			FILED NOV 23 PH 2: 06 CRETARY OF STATE PLONIDA LANASSEE, FLONIDA	
	NEW Registered Office Address:			M9 2 0	
	2465 West Milmar Dr.			1.00 P. 1.00 P	
				100 S	
	Sarasota	34237		•	
signal I hereiprovisi the oblito merei	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable of organization or the operating agreement of the little of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	the regis ability con of the limited li Emr	tered office mpany, it is ted liability ability com na Suttie	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee activ. I further agree to comply with the	

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

Signature of Registered Agent

. 😽