

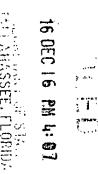
(Requestor's Name)						
(Add	ress)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Busi	iness Entity Nar	ne)				
(Doc	ument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
·	•					

Office Use Only



700293034957

12/16/16--01010--004 **25.00



DEC 1 9 2016 Y SULKER

COVER LETTER

Divi	sion of Corporations				
SUBJECT:	CT: HEAL N HALE, LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to t	the following:		
PATEL, SI	HRUTI				
	Name of Person				
HEAL N H	ALE, LLC				
	Firm/Company				
3090 ALO	MA AVENUE, SUITE 140				
	Address				
WINTER F	PARK, FL 32792				
	City/State and Zip Code				
•	rx@gmail.com				
E-mail	address: (to be used for future annual	ual report no	otification)		
For further in	nformation concerning this matter,	please call:			
PATEL, SI	HRUTI	at (636 4670		
	Name of Person		Area Code & Daytime Telephone No	ımber	
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	osed is a check for the following	amount:			
☑ \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

TO:

Registration Section

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. N	Name of the limited liability company: HEAL N HA	LE, LLC			
2. (a)	3090 ALOMA AVENUE, SUITE 140	(b)	3090 ALOMA AVENUE, SUITE 140		
	Principal office address of limited liability company:	(0)_	Mailing address of limited liability company:		
	(<u>Note: MUST BE STREET ADDRESS</u>)	,	(Note: MAY BE POST OFFICE BOX)		
	WINTER PARK, FL 32792		WINTER PARK, FL 32792		
	05/05/2014		14000072560		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	THE PRINCIPAL LAW FIRM, P.L.				
·	Registered Agent and Registered Office shown on the records of 7025 CR46A SUITE 1071, PMB 353	of the Florida Do	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
	LAKE MARY, F	32746			
(b)	PATEL, SHRUTI				
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ss</u> :		
	3090 ALOMA AVENUE, SUITE 140		76 DE		
	NEW Registered Office Address:		SSEE C 16		
	WINTER PARK, F	_{L_} 32792			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limite he limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
I hero provis the ob to me notifie	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act in te performant led for in Cha I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
Signat	ure of Registered Agent				