

L14000147141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Mr. Miller gave permission  
to correct current R/A  
info. *[Signature]* d2

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 25 PM 3:14

M. MILLIGAN

MAY - 2 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH WORLD OF NORTH FLORIDA  
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:

Joseph O. Miller  
Name of Person

HEALTH WORLD OF NORTH FLORIDA  
Firm/Company

738 Wellhouse Dr.  
Address

JACKSONVILLE, FL 32220  
City/State and Zip Code

MILLJ266@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph O. Miller at (904) 472-9870  
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: Health World of North Florida

2. (a) 738 Wellhouse Dr.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Jacksonville, FL 32220

(b) 738 Wellhouse Dr.

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL

3. Date of filing/registration in Florida

4.

Document number

5. (a) United States Corporation - Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Ct. STE A

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Tampa

FL

33612

(b) Joseph O. Miller

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

Joseph O. Miller

**NEW Registered Office Address:**

738 Wellhouse Dr.

Jacksonville

FL

32220

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.

Joseph O. Miller

Signature of a member or authorized representative of a member

Joseph O. Miller

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.

Joseph O. Miller

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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