

L14000182481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

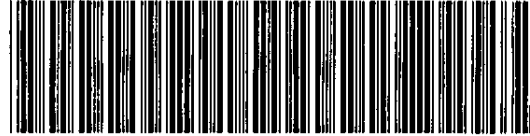
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278601504

10/30/15--01011--001 #35.00

FILED

2015 NOV 16 AM 7:57

SUICED 01 STATE
TALLAHASSEE, FLORIDA

N. Outman NOV 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Live Well 'n Good! 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:

Andrew Doan
(Name of Person)

Live Well 'n Good!
(Firm/Company)

6039 Cypress Gardens Blvd. 126
(Address)

Winter Haven, FL 33884
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Doan at (863) 604-3626
(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: *PREVIOUSLY SUBMITTED*

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 2, 2015

ANDREW DOAN
6039 CYPRESS GARDENS BLVD 126
WINTER HAVEN, FL 33884

SUBJECT: LIVE WELL 'N GOOD! LLC
Ref. Number: L14000182481

We have received your document for LIVE WELL 'N GOOD! 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 815A00023099

**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: Live Well 'n Good! LLC

2. (a) Principal office address of limited liability company: Live Well 'n Good!
(Note: MUST BE STREET ADDRESS) 6039 Cypress Gardens Blvd., 126
Winter Haven, FL 33884

(b) Mailing address of limited liability company: Live Well 'n Good!
(Note: MAY BE POST OFFICE BOX) 6039 Cypress Gardens Blvd., 126
Winter Haven, FL 33884

December 01, 2014 L14000182481

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Legalinc Corporate Services, Inc.


Registered Office Address: Legalinc Corporate Services, Inc.
5237 Summerlin Commons, Ste. 400
Fort Myers, FL 33907

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

NEW Registered Agent: Andrew Doan

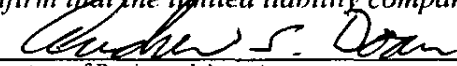
NEW Registered Office Address: Live Well 'n Good! LLC
(MUST BE FLORIDA STREET ADDRESS) 6039 Cypress Gardens Blvd., 126
Winter Haven, FL 33884

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.


(Signature of a member or authorized representative of a member)

Andrew S. Doan
(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.


(Signature of Registered Agent)

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