

L15000115282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

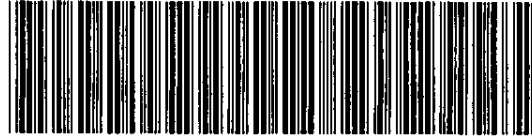
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

incomplete

Office Use Only



800278100378

10/15/15--01015--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV -6 PM 5:14

FILED

K. SALLY
EXAMINER
NOV -6 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV -6 PM 12:38
SECRET

October 22, 2015

KANGEN WELLNESS FLORIDA LLC
LIVIA VADOC
718 DUNHILL DR.
ORLANDO, FL 32825

SUBJECT: KANGEN WELLNESS FLORIDA LLC
Ref. Number: L15000115282

We have received your document for KANGEN WELLNESS FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted is incomplete. Please complete section (b) with new registered agent information.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00022430

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KANGEN WELLNESS FLORIDA 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:

LIVIA VADOC
Name of Person

KANGEN WELLNESS FLORIDA
Firm/Company

718 DUNHILL DRIVE
Address

ORLANDO FL 32825
City/State and Zip Code

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

For further information concerning this matter, please call:

ALEX DAVILA at (239) 687 8039
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: KANGEN WELLNESS FLORIDA

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

718 DUNHILL DRIVE
ORLANDO FL 32825

Mailing address of limited liability company:

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

718 DUNHILL DRIVE
ORLANDO FL 32825

3. 09.17.2015
Date of filing/registration in Florida

4. L15000115282
Document number

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

3543 HUNTINGTON PL DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA, FL 34237

(b) ALEX E DAVILA MUNOZ
Enter name of NEW Registered Agent and/or NEW Registered Office address:

718 DUNHILL DRIVE
NEW Registered Office Address:
ORLANDO FL 32825

_____, FL _____

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.

Nadenevia
Signature of a member or authorized representative of a member

LIVIA VADOC
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]
Signature of Registered Agent

FILED
2015 NOV -6 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA