LIL 0001 08387

(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:					
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SECKE NEED FOR STATE

K. SALY EXAMINER

AUG 2

COVER LETTER

Division of Corpora	itions					
SUBJECT: Twelve12 W	Twelve12 Wellness LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:			•			
The enclosed Registered Ag	ent/Registered Office Cl	hange and fe	e(s) are submitted for filing.			
Please return all correspond	ence concerning this ma	tter to the fo	llowing:			
Joseph S Persak						
Nar	ne of Person		-			
Fin	n/Company		-			
1340 Gulf Blvd, Unit 11	E					
A	ddress	ė.	-			
Clearwater, Florida 337	67					
City/St	ate and Zip Code		-			
JosephSPersak@gmail	.com					
E-mail address: (to be	used for future annual re	port notifica	ntion)			
For further information conc	erning this matter, pleas	se call:				
Joseph S Persak	at		325-7715			
Name of Pe	rson	4	Area Code & Daytime Telephone Number			
STREET/COURIE	R ADDRESS:	MAI	LING ADDRESS:			
Registration Section		Registration Section				
Division of Corpora	tions	Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive Cen	ter Circle	Tallahassee, Florida 32314				
Tallahassee, Florida						
Enclosed is a check for the following amount:						
■ \$25 Filing Fee		355 1	Filing Fee & Certified Copy			

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. Na	ame of the limited liability company:Twelve12 We	Ilness	LLC	
2. (a)	1340 Gulf Blvd, Unit 11E		(b) 1340 Gulf Blvd, Unit 11E	
<i></i> (<i>.</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater		Clearwa	ter
	Florida, 33767	_	Florida,	33767
	06/07/2016		L1600010	08387
3. .	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
(4)	Registered Agent and Registered Office shown on the records of the 1201 Hays Street	he Florid	la Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	ZIIG AUG -
	Tallahassee, FL	32301	-2657	المرام المراجع
(b)	Joseph S Persak			PR 3: 45
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	
	1340 Gulf Blvd			
	NEW Registered Office Address:			-
	Unit 11E			_
	Clearwater, FL	33767		_
the cha agent w was/we	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 lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility c f the lir limited	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	ture of a member or authorized representative of a member		sepii o r ei	Printed or typed name of signee
I herel provision the obli to mere	by accept the appointment as registered agent and agree ons 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 h I'm writing of this change.	perforn I for in	iance of my o Chapter 605	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or. if this document is being filed
Signaph	rejof Registered Agent			
		- 635	To Tollabor	FI 22214

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