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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

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800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: January 23, 2020

Order#: 148530/025

Re: HOLISTIC INTEGRATIVE HEALTH LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25.00.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXReturn Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are $\frac{2}{3}$ any problems or questions with this filing, please call our office.

INCA.XCOA

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.

(a)	777 S. Flagler Drive	(b)(
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited (Note: MAY BE POST	
	Phillips Point East, #1001				
	West Palm Beach, FL 33401				
	06/30/2016		L16000	122513	
	Date of filing/registration in Florida	4.		Document number	
(a)	Christopher Uzpen				
	777 S. Flagler Drive				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>5)</u>		
	Registered Office Address (MUST BE FLORIDA STREET Phillips Point East, #1001				
	Registered Office Address (MUST BE FLORIDA STREET				
(b)	Registered Office Address (MUST BE FLORIDA STREET Phillips Point East, #1001 West Palm Beach , F				20
(b)	Registered Office Address (MUST BE FLORIDA STREET Phillips Point East, #1001	I <u>. 3340</u> 1	1		20 11 27
(b)	Registered Office Address (MUST BE FLORIDA STREET Phillips Point East, #1001 West Palm Beach , F Corporation Service Company	I <u>. 3340</u> 1	1		20 J+1 27 P
(b)	Registered Office Address (MUST BE FLORIDA STREET Phillips Point East, #1001	I <u>. 3340</u> 1	1		2 8.5 0

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.

/s/ Christopher Uzpen	Christopher Uzpen, Authorized Person			
Signature of a member or authorized representative of a member	Printed or typed name of signee			
provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed			

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 charge

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President

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