

L16000 137124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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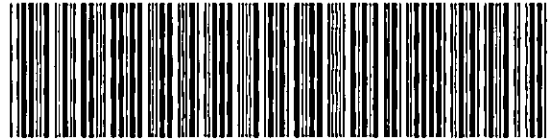
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aquamarin Alternative Therapy 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:

Marina Hankins
Name of Person

Aquamarin Alternative Therapy LLCA
Firm/Company

612 S Federal Hwy
Address

Deerfield Beach, FL 33441
City/State and Zip Code

novikova1987.63@mail.ru
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Hankins at (786) 506-5975
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 FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Name of the limited liability company: Aquamarin Alternative Therapy LLC

2. (a) 612 S Federal Hwy (b) 612 S Federal Hwy

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Deerfield Beach, FL 33441

Deerfield Beach, FL 33441

7/21/2016

L16000137124

3. Date of filing/registration in Florida

4. Document number

5. (a) Richard W Harris

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

7971 NW 89 Ave

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

Tamarac, FL 33321

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(b) Marina Hankins

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

612 S Federal Hwy

NEW Registered Office Address:

Deerfield Beach, FL 33441

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]
Signature of a member or authorized representative of a member

Marina Hankins
Printed or typed name of signee

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