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COVER LETTER

TO: Registration Section Division of Corporations

INHS18 (2/14)

SUBJECT: IMMACULATE WELLNESS & Name of Limit	YOGA, LLC. ed Liability Company	 -
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
MAGDALENA J. FIELDING Name of Person		
IMMACULATE WELLNESS & YOGA Firm/Company	LLC.	
223 GOLDEN HARBOUR TRAIL Address		82 77 11
BRADENTON FURIDA 34212 City/State and Zip Code		
IMMACULATENELLNESS @ BMAIL. E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	II:	
MAGNALENA U. FIELDING at (9	Area Code & Daytime Telephone Number	_ ber
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

l. Nai	me of the limited liability company: MMACULATE WELLNESS & YUGA, LLC.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 223 GOLDEN HARBULK Mailing address of limited liability company: (Note: MAY BE POST OFFICE B	npany:
	BRANENTON FLORINA 34212 BRANENTON FLORINA 34	1212
	U.S.A. U.S.A.	
3.	DECEMBER 15 2016 Date of filing/registration in Florida L 16000226516 Document number	
5. (a)	MAGNALEMA J. <u>de POEL</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State.	
	223 BOUSEN HARBOUR TRAIL Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		•
	BRADENTON FL 34212	· · · · · · · · · · · · · · · · · · ·
(h)	MAGDALEJA J. FIELDING Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	, FL	
the cha agent v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed thange or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charge authorized by an affirmative vote of the members of the limited liability company or as otherwise profices of organization or the operating agreement of the limited liability company.	registered ange(s)
	MAGDALENA J. FIELDING	
Stone	ture of a member or outhorized representative of a member Printed or typed name of signee	

Thereby 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 writted by writing of this change. notified in writing of this change.

Signature of Registered Agent

Senature of a member or authorized representative of a member