## 117000026133

(Requestor's Name)  (Address)				
(Cit	y/State/Zip/Phone	<b>⇒</b> #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)	<u>.</u>		
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

K. SALY APR 2 6 2017

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

**Division of Corporations** Empowering Wellness Body, Mind and Soul Center LLC SUBJECT: 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: **Edward Stahlin** Name of Person **Direct Incorporation** Firm/Company 315 W Huron St, Ste 240 Address Ann Aror, MI 48103 City/State and Zip Code documents@directincorporation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Edward Stahlin** Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 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.

2. (a)	(b)			
( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	02/01/2017	<u>L17</u>	7000026133	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	KATHLEEN LEON			
, ,	Registered Agent and Registered Office shown on the record	ds of the Florida Dep	or, of State:	
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)		
	800 Tarpon Woods Blvd. Ste. F1		SEC	
	PALM HARBOR	, FL 34685	EURETAR SECRETAR TALLAHASS	
(b)	Universal Registered Agents, Inc.		APR 24 AM IO CRETARY OF ST AHASSEE, FL	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		A D 16  YOF STATE SEE. FLORIDS	
	NEW Registered Office Address:	· · · · ·		
	3458 Lakeshore Drive			
	Tallahassee	, <sub>FL</sub> 32312		
he cha igent v was/w	imited liability company is not organized under thange or changes are made, the Florida street addreswill be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registere ed liability comp ers of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	Van leer	Kathle	en Leon	
Sign	rure of a member of authorized representative of a member		Printed or typed name of signee	
provisi he obi o mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proefy reflect a change in the registered office address in writing of this change.	d agree to act in to olete performance ovided for in Cha ovides for in Cha ovided for in Cha ovided for in the confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	// / A			

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



EM POWERING # AMERICA'S # ENTREPRENEUR

Exitta Corporation

315 Wast Sures, Suite 240

Aus Arbor, NS 48103

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

April 20, 2017

Re: Empowering Wellness Body, Mind and Soul Center LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Kathleen Leon to file the enclosed Amendment for Empowering Wellness Body, Mind and Soul Center LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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	me of the limited liability company: Empowering	g Wellness Bo	ody, Mind and Soul Center LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX</u> )
	02/01/2017	 L170	000026133
3.	Date of filing/registration in Florida		Document number
<b>5</b> (-)	KATHLEEN LEON		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE) 800 Tarpon Woods Blvd. Ste. F1	T ADDRESS)	
	PALM HARBOR	<sub>FL</sub> 34685	
(b)	Universal Registered Agents, Inc.  Enter name of NEW Registered Agent and/or NEW Registered	red Office address:	
	NEW Registered Office Address:		
	3458 Lakeshore Drive		
	Tallahassee, I	<sub>FL</sub> 32312	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the	of the registered liability compar s of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	m /m -	Kathleer	n Leon
Signa	fure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to act in th te performance of ded for in Chapt I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been

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