

L17000026133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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11/15/17--01020--020 \*\*25.00

FILED  
17 NOV 15 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sent 11/11/2017

Dear Sir or Madam:

I mailed a request to change the Registered Agent on 11/9/2017 that has incorrect address information on the form. The address has changed since I sent in that request. If it is not too late, PLEASE DO NOT make those changes sent on 11/9/2017 and return the check and form to the new registered agent address listed in this request.

**I am submitting a NEW REQUEST to change the Registered Agent name and address (enclosed). Please make these enclosed changes.**

Thank You for your time,

Kathleen Leon

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Empowering Wellness Body, Mind and Soul Center 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:

Kathleen Leon

Name of Person

Empowering Wellness Body, Mind and Soul Center LL

Firm/Company

2412 Beacon Groves Blvd.

Address

Palm Harbor, FL 34683

City/State and Zip Code

kleon@empoweringwellness-center.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Leon at ( 727 ) 599-3134

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 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. Name of the limited liability company: Empowering Wellness Body, Mind and Soul Center LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2412 Beacon Groves Blvd.

Palm Harbor, FL 34683

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2412 Beacon Groves Blvd.

Palm Harbor, FL 34683

02/01/2017

L17000026133

3. Date of filing/registration in Florida

4. Document number

5. (a) Universal Registered Agents, Inc.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3458 Lakeshore Drive

Tallahassee, FL 32312

(b) Kathleen Leon

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

**NEW** Registered Office Address:

2412 Beacon Groves Blvd.

Palm Harbor, FL 34683

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.

Kathleen Leon  
Signature of a member or authorized representative of a member

Kathleen Leon

Printed or typed name of signer

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.

Kathleen Leon  
Signature of Registered Agent

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

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