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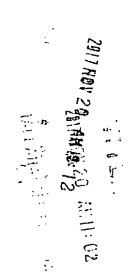
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COVER LETTER

Registration Section
Division of Corporations

O:

SUBJECT: Empowering Wellness Body, Mind	Empowering Wellness Body, Mind and Soul Center LLC			
	nited 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	r to the following:			
Kathleen Leon				
Name of Person				
Empowering Wellness Body, Mind and Soul C	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 repo	ort notification)			
For further information concerning this matter, please of	call:			
Kathleen Leon 7	27 599-3134			
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			
INHS18 (2/14)				

MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

suant 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. N	ame of the limited liability company: Empowering	Wellness Bo	dy, Mind and Soul Center LLC
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)
	2412 Beacon Groves Blvd.	241	2 Beacon Groves Blvd.
	Palm Harbor, FL 34683	Palr	m Harbor, FL 34683
	02/01/2017	L170	00026133
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Kathleen Leon		
(Registered Agent and Registered Office shown on the records of	the Florida Dept. c	of State:
		_	
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRESS)</u>	Section of the sectio
	34931 U.S. Hwy. 19 North, Suite 200		
	Palm harbor .FL	34684	
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- O
			,, ·
	NEW Registered Office Address:		
	2412 Beacon Groves Blvd.		
	Palm Harbor	34683	
	FL		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- rere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered (ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Lo	Shel	Kathleen	Leon
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I din writing of this change.	ree to act in this performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605. F.S. Or. if this document is being filed that the limited liability company has been
Signati	are of Registered Agent		