

L17000183590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

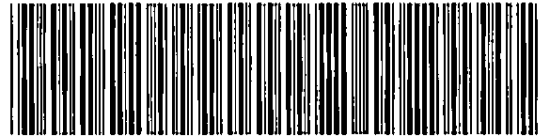
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FILED
18 OCT 19 AM 8:32
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

18 OCT 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHRISTINA LORELEI LOUDIS
7820 SW 103 PL
MIAMI, FL 33173

SUBJECT: OPTIMAL HEALTH ACUPUNCTURE, LLC
Ref. Number: L17000183590

We have received your document for OPTIMAL HEALTH ACUPUNCTURE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 918A00018356

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Health Acupuncture
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:

Christina Lorelei LOUDIS
Name of Person

Optimal Health Acupuncture
Firm/Company

7820 S.W. 103 PL.
Address

Miami, FL 33173
City/State and Zip Code

acu.lorelei.loudis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorelei Loudis at (305) 300-7733
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Union Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. BOX 5521 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

LED
18 OCT 19 AM 8:52
TALLAHASSEE, FLORIDA

**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: Optimal Health Acupuncture

2. (a) _____ (b) _____

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

7820 SW 103 Place
Miami, FL 33173

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

7820 SW 103 PL
Miami, FL 33173

3. 08/28/2017
Date of filing/registration in Florida

4. L17000183590
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE suite 150A
TAMPA, FL 33607

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

Christina Lorelei LOUDIS
NEW Registered Office Address:
7820 S.W. 103 Place
Miami, FL 33173

18 OCT 19 AM 8:02
TALLAHASSEE, FLORIDA

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.

Christina Lorelei LOUDIS
Signature of a member or authorized representative of a member
Christina Lorelei LOUDIS
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.

Christina Lorelei LOUDIS
Signature of Registered Agent
Christina Lorelei LOUDIS
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00