

L17000 218227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

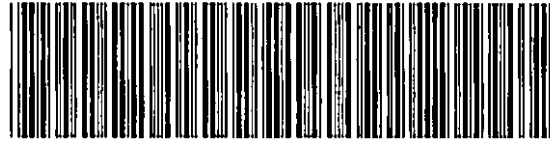
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Touch of Health 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:

Josh Russell

\_\_\_\_\_  
Name of Person

PC Commerce Ltd

\_\_\_\_\_  
Firm/Company

2256 Overlook Drive

\_\_\_\_\_  
Address

Walnut Creek, CA 94597

\_\_\_\_\_  
City/State and Zip Code

customersupport@bcmerchantaccounts.com

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

For further information concerning this matter, please call:

Josh Russell

925

933-5030

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: Touch of Health LLC
2. (a) Touch of Health LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
4103 Woodacre Lane  
Tamps, FL 33624
- (b) Touch of Health LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
18489 US HWY 41N, Suite 103  
Lutz, FL 33549
3. Oct 20, 2017  
Date of filing/registration in Florida
4. L17000218227  
Document number
5. (a) Incorp Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
17888 67th Court North  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Loxahatchee, FL 33470
- (b) Janette Lopez  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
18489 US HWY 41N, Suite 103  
NEW Registered Office Address:  
Lutz, FL 33549

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TALLAHASSEE, FL 32314

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.

Janette Lopez  
Signature of a member or authorized representative of a member

Janette Lopez  
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.

Janette Lopez  
Signature of Registered Agent

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