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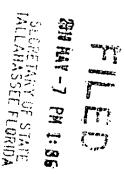
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WAY LA 2019 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	THE WELL THERAPY PLLC						
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Offic	e Chan	ge and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter	to the following:				
J DA	VID CAMPBELL EA						
	Name of Person						
CAMI	PBELLS ENROLLED AGENTS & C	:О					
	Firm/Company						
405 T	AMIAMI TRAIL						
	Address						
PUNT	TA GORDA, FL 33950						
	City/State and Zip Code						
INFO	@CAMPBELLSEA.COM						
F	E-mail address: (to be used for future annua	al repor	t notification)				
For fur	rther information concerning this matter, p	lease ca	all:				
J DA\	/ID CAMPBELL	_ at (941 639-0680				
	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:						
	☑ S25 Filing Fee		□ \$55 Filing Fee & Certified Copy				
INHS18	R (2/14)						

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) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 17825 MURDOCK CIRCLE, SUITE B PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 1/11/2018 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 17825 MURDOCK CIRCLE, SUITE B PORT CHARLOTTE, FL 33948 L18000011009	1.	Na	me of the limited liability company: THE WELL TH	ERA	PY	PLLC			
17825 MURDOCK CIRCLE, SUITE B 17825									
PORT CHARLOTTE, FL 33948 1/11/2018 L18000011009 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LEGALCORP SOLUTIONS LLC Registered Office Address MUST BE FLORIDA STREET ADDRESS) 3440 W HOLLYWOOD BLVD, SUITE 415 HOLLYWOOD FL 33021 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: J DAVID CAMPBELL NEW Registered Office Address: 405 TAMIAMI TRAIL PORT CHARLOTTE FL 33950 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 or organization or the operating agreement of the limited liability company. What is the proposition of the operating agreement of the limited liability company. MIT 21 WOWN Finited or typed name of signee Printed or typed name of signee Printed or typed name of signee to member or authorized representative of a member of the limited liability company. MIT 21 WOWN Finited or typed name of signee to member of the propositions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of any position as registered agent as provided for in Chapter 615, F.S. Or, if this document is being filed to member for the Chapter.			Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M			
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	~.6	,		N 621	7-	Tallahass	saa F1 373 1/		

FILING FEE: \$25.00