

L18000044638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

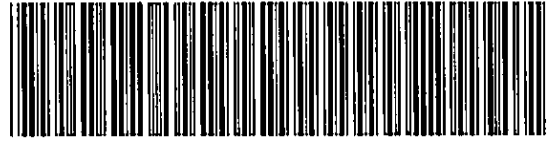
(Business Entity Name)

(Document Number)

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O. SIMMONS
DEC 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

GLENN PARAH
12220 TWONE LAKE DR, UNIT 1
FT MYERS, FL 33913

SUBJECT: NAVA MED SPA LLC
Ref. Number: L18000044638

We have received your document for NAVA MED SPA 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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 418A00022981

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAVA MED SPA

Ref. Letter # 418A00022981
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:

GLENN PRAH

Name of Person

NAVA MED SPA LLC

Firm/Company

12220 TOWNE LAKE DRIVE, SUIT 1

Address

FORT MYERS, FLORIDA 33913

City/State and Zip Code

NAVAMEDSPA@OUTLOOK.COM

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

For further information concerning this matter, please call:

GLENN PARH

239

561 6282

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: NAVA MED SPA

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

12220 TOWNE LAKE DRIVE, SUITE 1

FORT MYERS, FLORIDA 33913

Mailing address of limited liability company:

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

SAME AS PRINCIPAL

02/20/2018

L18000044638

3. Date of filing/registration in Florida

4. Document number

5. (a) SPIEGEL & ULTERA P. A.

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

1840 SW 22ND ST.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4TH FLOOR

MIAMI

FL 33145

(b) GLENN PRAH

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

12220 TOWNE LAKE DRIVE,

NEW Registered Office Address:

SUITE 1

FORT MYERS

FL 33913

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.

GLENN PRAH

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00