

LI80000 83371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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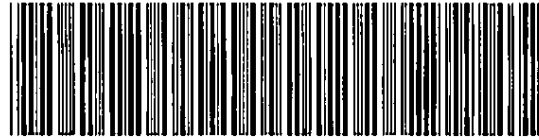
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 18 2019

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19 MAR 14 4:19:00

R1A 254



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2019

CAROLA COOPER
LIFETHYME WELLNESS, LLC
10931 NW 31ST PL
GAINESVILLE, FL 32606

SUBJECT: LIFETHYME WELLNESS, LLC
Ref. Number: L18000083371

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00004081

RECEIVED

2019 MAR 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

LifeThyme Wellness, LLC

SUBJECT: _____
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:

Carola Cooper

Name of Person

LifeThyme Wellness, LLC

Firm/Company

10931 NW 31st Pl

Address

Gainesville, FL 32606

City/State and Zip Code

annelifethyme@gmail.com

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

For further information concerning this matter, please call:

Anne Marshall 352 514-0907

_____ 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: LifeThyme Wellness, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

10931 NW 31st. PI

Gainesville, FL 32606

Mailing address of limited liability company:

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

3. 4/2/2018
Date of filing/registration in Florida

4. 61800083371
Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3030 N ROCKY POINT DR STE 150A

TAMPA, FL 33607

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Carola Cooper

NEW Registered Office Address:

10931 NW 31st PL

Gainesville, FL 32606

FILED
19 MAR 14 AM 10:00

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.

Carola Cooper
Signature of a member or authorized representative of a member

Carola Cooper

Printed or typed name of signer

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.

Carola Cooper
Signature of Registered Agent