L18000126663

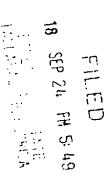
(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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09/24/18--01024--029 **25.00



COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	Peace & Wellness Company					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	his matter to the following:				
Heath	ner Terwilliger					
	Name of Person	· · · · · · · · · · · · · · · · · · ·				
Peac	e & Wellness Company					
	Firm/Company					
9991	Cherry Hills Ave Circle					
	Address					
Brade	enton, Florida 34202					
	. City/State and Zip Code					
hltwig	g@gmail.com					
E	-mail address: (to be used for future an	nual report notification)				
For fur	ther information concerning this matter	; please call:				
Heath	ner Terwilliger	419 322-2789				
	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				

INHS18 (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.

I. Na	Peace & We	ellness Co	mpany	
2. (a)	4333 S. Tamiami Trail, Sarasota, FL 34231	(b)	4333 S.	Tamiami Trail, Sarasota, FL 3423
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_	
	5/21/18			6000126663
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records o Hart5 Enterprises LLC		Dept. of State	:: -
	Registered Office Address (MUST BE FLORIDA STREET 9991 Cherry Hills Ave Circle	<u> (ADDRESS)</u>		
	Bradenton . F	34231 I		
(b)	Stacy Liszewski			6
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	ess'	F 7
	1505 Bayview Dr.			
	NEW Registered Office Address:	·		FILED SEP 24 PH 5: 49
	Sarasota, F	34239 L		<u>.</u>
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members dies of organization or the operating agreement of the	of the registe iability con of the limit e limited lia	red office pany, it is ed liability	and the business office of the registered chereby confirmed that the change(s) company or as otherwise provided in apany.
Signal	the of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I Lin writing of this change	gree to act in e performan ed for in Ch Thereby con	n this cape ice of my e apter 605 firm that i	wity. I further agree to comply with the htties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signatur	re of Reginden Agent			

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