

L18000136522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

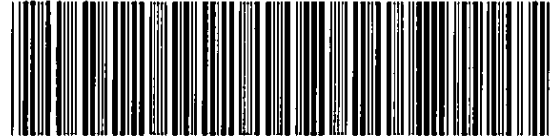
(Business Entity Name)

(Document Number)

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2020 MAR 20 AM 7:08
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JUDGE

O SIMMONS

MAR 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2020

ANNA HYVARINEN
834 HARBOR INN DR
CORAL SPRINGS, FL 33071

SUBJECT: WELL WARRIOR LLC
Ref. Number: L18000136522

*Hope all is
correct now!
Email me if you need
anything else!*

We have received your document for WELL WARRIOR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00004842

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2020 MAR 20 PM 1:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Well Warrior 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:

Anna Hyvärinen

Name of Person

Well Warrior LLC

Firm/Company

834 Harbor Inn Drive

Address

Coral Springs, FL 33071

City/State and Zip Code

hello@thewellwarrior.com

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

For further information concerning this matter, please call:

Anna Hyvärinen

Name of Person

at (354)

554 3708

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Already sent?

**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: Well Warrior LLC

2. (a) 834 Harbor Inn Drive Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

834 Harbor Inn Drive
Coral Springs FL, 33071

(b) Same Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 3/15/2020 Date of filing/registration in Florida

4. L18000136522 Document number

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

Legal Zoom

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

United States Corporation Agents, Inc
13302 Winding Oak Court, FL 33612
Suite A, Tampa

(b) Anna Hyvarinen
Enter name of NEW Registered Agent and/or NEW Registered Office address:

834 Harbor Inn Drive

NEW Registered Office Address:

Coral Springs FL, 33071

_____, FL _____

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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.

[Signature]
Signature of a member or authorized representative of a member

Anna Hyvarinen
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]
Signature of Registered Agent

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