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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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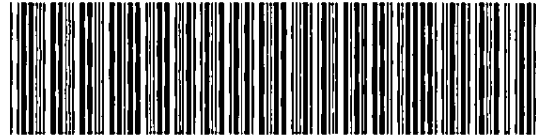
(Business Entity Name)

(Document Number)

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C. GOLDEN

FEB 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eastern Florida Cryo and Wellness Centers 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:

Robert Lemon

Name of Person

Eastern Florida Cryo and Wellness Centers LLC

Firm/Company

10571 SW Capraia Way

Address

Port St Lucie, FL 34986

City/State and Zip Code

tmaco@macoassociates.com

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

For further information concerning this matter, please call:

Teri R Maco AFSP

at (610)

590-4870

Name of Person

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

**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: Eastern Florida Cryo and Wellness Centers LLC

2. (a) Robert Lemon (b) Robert Lemon

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

10571 SW Capraia Way

10571 SW Capraia Way

Port St Lucie, FL 34986

Port St Lucie, FL 34986

03/29/2019

L19000087922

3. Date of filing/registration in Florida

4. Document number

5. (a) Eastern Florida Cryo and Wellness Centers LLC

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)

7901 4th St, N, Ste 300

St Petersburg, FL 33702

(b) Robert Lemon

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

Robert Lemon

NEW Registered Office Address:

10571 SW Capraia Way

Port St Lucie, FL 34986

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

Robert Lemon

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

2020.11.21 AM 8:22