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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIR-HEALTH AND WELLNESS 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:

Marlenis Martinez

Name of Person

Marlenis Martinez

Firm/Company

12644 SW 256 Terrace

Address

Homestead FL 33032

City/State and Zip Code

martinez5 linx@yahoo.com

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

For further information concerning this matter, please call:

Marlenis Martinez

786

222-4876

Name of Person

at () 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