

49000 182630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

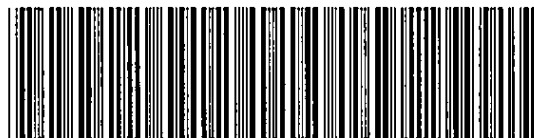
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change Registered Agent
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:

Donna Webb
Name of Person

Frog Health, LLC
Firm/Company

76605 Timbercreek Blvd
Address

Yulee, FL 32097
City/State and Zip Code

bryananddonna@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Webb at (904) 735-5395
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

*Already sent
INHS18 (2/14)

\$35 due to wrong form.

check was cashed on 5/13/2020.

enclosed new check to not

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: Frog Health, LLC
2. (a) 76605 Timbercreek Blvd (b) 76605 Timbercreek Blvd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Yulee, FL 32097 Yulee, FL 32097
3. 7/16/2019 4. L19000182630
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando FL 32822
- (b) Donna Webb
Enter name of NEW Registered Agent and/or NEW Registered Office address:
76605 Timbercreek Blvd
NEW Registered Office Address:
Yulee FL 32097

2020 JUL 17 PM 3:49

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.

Donna Webb
Signature of a member or authorized representative of a member

Donna Webb
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.

Donna Webb
Signature of Registered Agent