

L19 000183910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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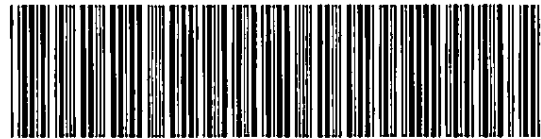
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JR 09/15/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAXWELLNESS, 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:

MICHELLE P MAXWELL  
Name of Person

Firm/Company

P.O. BOX 1451  
Address

ALPHARETTA, GA 30009  
City/State and Zip Code

maxwell.michelle80@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE P MAXWELL at ( 321 ) 704-0363  
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: MAXWELLNESS, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

6680 CECIL RD  
COCOA, FL 32927

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

P.O. BOX 1451  
ALPHARETTA, GA 30009

3. 7/17/19  
Date of filing/registration in Florida

4. LI9000183910  
Document number

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

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

5575 SEMORAN BLVD. SUITE 310  
ORLANDO, FL 32927

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

MICHELLE P MAXWELL

**NEW Registered Office Address:**

6680 CECIL RD

COCOA, FL 32927

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2020 JUL 24 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Michelle P Maxwell  
Signature of a member or authorized representative of a member

MICHELLE P MAXWELL  
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.

Michelle P Maxwell  
Signature of Registered Agent