L19000184255

	(Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
0.0K/J	, MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				





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COVER LETTER

TO:	TO: Registration Section Division of Corporations			
SUBJ				
	Nan	ne of Limited L	iability Company	
Dear S	ir or Madam:			
The er	closed Registered Agent/Registered Off	fice Change and	fec(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
	Name of Person			
	rame of reison			
Vigo	r Health Plus II, LLC			
	Firm/Company		_	
3505	5 Lake Lynda Drive Bldg 300	STE 200		
	Address		_	
	. 5. 600.47			
Orla	ndo, FL 32817			
	City/State and Zip Code			
adn	nin@heirslegacy.com			
	E-mail address: (to be used for future and	nual report notif	ication)	
For fu	rther information concerning this matter,	, please call:		
	M DI 1	252	E00 0E42	
Byror	n McPhaul	at (850	590-6513	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:	
	Registration Section		gistration Section	
	Division of Corporations		vision of Corporations	
	Clifton Building 2661 Executive Center Circle		D. Box 6327 Ilahassee, Florida 32314	
	Tallahassee, Florida 32301	18	нанаээсс, гтонца э2этч	
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	

INHS18 (2/14)

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: Vigor H	lealth Plus	is II, LLC
2505 Laka Lunda Driva	(b)	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Bldg 300 STE 200		
Orlando, FL 32817		
07/17/2019	L19	9000184255
3. Date of filing/registration in Florida 5. (a) Malisha L. M. Dha		Document number
Registered Agent and Registered Office shown on the records	s of the Florida Dept.	t. of State:
Registered Office Address 3505 AKELYMO Orlando (b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	Drive FL 328	
St. Petersburg	_{FL} 33702	
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the articles of organization or the operating agreement of the articles of amember of authorized representative of a member. I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and complete obligations of my position as registered agent as provite merely reflect a change in the registered office address notified in writing of this change. Bill Havre - Assist	s of the registered d liability compares of the limited liability the limited liability	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Printed or typed name of signee this capacity. I further agree to comply with the coff my duties, and I am familiar with and acceptoter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Signature of Registered Agent