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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Lie	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and I	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
AMYA JOWSHON Name of Person	_
TWWVFH, LLC Firm/Company	_
30438 Pagan Wilty W	
Wesly (March Fl. City/State and Zip Code)	3354B
E-mail address: (to be used for future annual report notific	ilancewellnesicounseling cation) comeding
For further information concerning this matter, please call:	Q
Ardra Java at 252	305-U612 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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. Na	ame of the limited liability company:	FA, UC	
2. (a)	Andrea Johnston	(b) Andrea.	Mydon
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address	s of limited liability company: BE POST OFFICE BOX)
	30438 Pecanvalley Lax	30438 Pac	an Valky Cap
	Wesly ChapeliFL33SY	3 Wesley (r	rapel, FL 3354
	712412019	L190019	8292
3.	Date of filing/registration in Florida 4	Document r	number
5. (a)	CT (TV MOHM SISE!	γ	
(-,	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESSI 1 V	
	1 200 XXXIII ALKISUI C	IKA	∑ ∾
	Plantation	3334_	022 F
(b)	andrea Johnson		HE AY
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:	
	NEW Registered Office Address:		9: 26 ORID
	30438 Pecan Valle	ey Loop	P 01
	Wesley Chapel FL	33543	
	imited liability company is not organized under the laws o		
agent v	or changes are made, the Florida street address of the reg will be identical. Or, in the case of a Florida limited liabili	ty company, it is hereby con	firmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the left of organization or the operating agreement of the limit	e limited liability company o ited liability company.	or as otherwise provided in
	Indria Johnath	Arrilea J	yu2tor
_	ture of a member or authorized representative of a member		ned name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete peryligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change.	formance of my duties, and I	am familiar with and accept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent