

L19000238550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

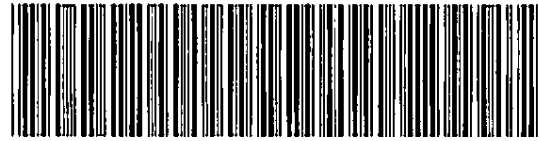
(Business Entity Name)

(Document Number)

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2020 SEP 28 AM 9:43  
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TALLAHASSEE, FL

10/31/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wellness SciLab  
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:

Jessica Mantell  
Name of Person

Wellness SciLab  
Firm/Company

1300 Bickell Bay Drive, Apt 1201  
Address Miami, FL 33131

City/State and Zip Code

j.mantell@miami.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Mantell at (610) 8123543  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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: Wellness Sci Lab
2. (a) 1300 Bickell Bay Drive  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Apt 1204  
Miami FL 33131
- (b) 1300 Bickell Bay Drive  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Apt 1204  
Miami FL 33131
3. 9/20/2019  
Date of filing/registration in Florida
4. L19000238550  
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)  
Suite 36  
Orlando, FL 32822
- (b) Jessica Mantell  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Jessica Mantell  
1300 Bickell Bay Drive  
**NEW Registered Office Address**:  
Apt 1204  
Miami FL 33131

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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.

[Signature]  
Signature of a member or authorized representative of a member

Jessica Mantell  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent