L19000252903

(Requ	uestor's Name)	<u></u>
(Addı	ress)	
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(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Pathway to Serenty Name of Limited Liabil	Massage LLC lity Company Je LLC		
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:			
Name of Person Pathway to Seventy Massage Firm/Company 18070 5. Tamiani Trail			
Fort Myers AFL 33908 Gity/State and Zip Code			
Brail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lludie V. McDonough at (239) Name of Person A	202-8917 rea Code & Daytime Telephone Number		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

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: Pathway to Seventy Massage LLC
2. (a) 17670 Heron Lane FIMUERS (b) 17670 Heron Lane
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Fort Music Fl. Sont M. C. T.
230.0
<u> </u>
10/8/19 L19000252903
3. Date of filing/registration in Florida 4. Document number
5. (a) Chevenne Moseleu
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
United States (MUST BE FLORIDA STREET ADDRESS) United States (proportion Agents Inc. 2575 S. Semoran Blue Suite 36 S. Semoran Blue S. Semoran
The second second
(b) Judie Y. McDonowsh
Enter name of NEW Registered Agent and/or NEW Registered Office address:
ω 17/75 H 205 L 205
NEW Registered Office Address:
Fort Myers, FL 33908
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.
Judie Y. McDonough
Signature of a member or authorized representative of a member 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
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.
Ludie 4. Mclomoude
Signature of Registered Agent

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