

L19000 262500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

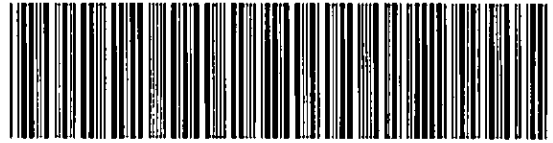
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200346076532

06/18/20 --01010 --004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUN 19 AM 11:45

RA Change

AUG 0 ' 2020
D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 16, 2020

Order#: 326474/010

Re: APEX WELLNESS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

03 JUN 16 2020
CORPORATION SERVICE COMPANY
WILMINGTON, DE 19808

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: APEX WELLNESS LLC

2. (a) 1120 48TH STREET (b) 1120 48TH STREET
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

MANGONIA PARK 33407

MANGONIA PARK 33407

3. 10/18/2019 4. L19000262500
 Date of filing/registration in Florida Document number

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

801 US HIGHWAY 1

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

NORTH PALM BEACH, FL 33408

(b) Corporation Service Company
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 SEP 19 10 15 AM '15

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.

/s/ John Pakel
 Signature of a member or authorized representative of a member

John Pakel, Authorized Person
 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.

Grace E. Kirby
 Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00