

L19000301083

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
RESTOREU WELLNESS, LLC**

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|-----------------------|---------|
| Certificate of Status | 0 |
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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: Restoreu Wellness, LLC
2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
125 NE 32ND ST. #2418
MIAMI, FL 33137
12/10/2019
- (b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
125 NE 32ND ST. #2418
MIAMI, FL 33137
L19000301083
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
GARNER, COURTNEY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
125 NE 32ND ST. #2418
MIAMI, FL 33137

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address
LEGALINC CORPORATE SERVICES INC.
NEW Registered Office Address
5237 SUMMERLIN COMMONS BLVD. SUITE 400
FORT MYERS, FL 33907

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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.

COURTNEY GARNER
Signature of a member or authorized representative of a member

COURTNEY GARNER
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.

Nancy Luna
Signature of Registered Agent