

L20 000040194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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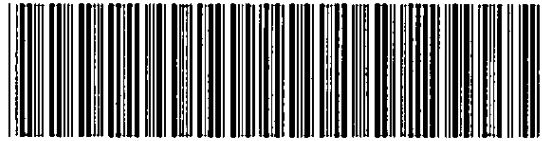
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUN WAVE WELLNESS, LLC

SUBJECT: _____
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:

GARY D. DEANGELO
Name of Person

ULB FAMILY HOLDINGS, LLC

Firm/Company

C/O LAMINAR ADVISORS, LLC, 17 GREENWOOD LANE

Address

COCOA BEACH, FL 32931

City/State and Zip Code

JW@SUNWAVEWELLNESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH WIENDL 727 417-2205

_____ at (_____) _____

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

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.

SUN WAVE WELLNESS, LLC

1. Name of the limited liability company: _____
1427 CHAFFEE DRIVE, SUITE 5 _____ 17 GREENWOOD LN _____

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
TITUSVILLE, FL 32780 COCOA BEACH, FL 32931

2/1/2020 (EFFECTIVE DATE)

L20000040194

3. Date of filing/registration in Florida _____ 4. Document number _____
ULB FAMILY HOLDINGS, LLC

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1419 CHAFFEE DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 101

TITUSVILLE 32780
FL

ULB FAMILY HOLDINGS, LLC

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

C/O LAMINAR ADVISORS, LLC

NEW Registered Office Address:
17 GREENWOOD LANE

COCOA BEACH 32931
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.

JOSEPH WIENDL

Signature of a member or authorized representative of a member

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 of Registered Agent

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



07 October 2020

From: Gary D. DeAngelo, Chairman, principal Member, Manager, CEO
To: All Stakeholders of/in *Sun Wave Wellness, LLC*
Florida Secretary of State, Division of Corporations

SUBJ: Company Action of the Chairman and Majority Member

1. As Chairman and the principal/majority Member of *Sun Wave Wellness, LLC*, a Florida-domiciled limited liability company ("SWW"), I hereby appoint Joseph A. Wiendl, Manager, as the entity's acting CEO until further notice.

2. Effective Monday, October 12, 2020, the principal corporate address, location, and office of SWW shall be modified and restated as follows:

SUN WAVE WELLNESS, LLC
1427 CHAFFEE DR SUITE 5
TITUSVILLE, FLORIDA 32780

3. Effective Monday, October 12, 2020, the registered agent address of SWW shall be modified and restated as follows:

ULB FAMILY HOLDINGS, LLC
C/O LAMINAR ADVISORS, LLC
17 GREENWOOD LANE
COCOA BEACH, FLORIDA 32931

4. The new CEO (acting) is directed to update appropriately SWW's registration with the Florida Secretary of State forthwith.

A handwritten signature in black ink, appearing to read "G. DeAngelo", written over a horizontal line.

Gary D. DeAngelo
Chairman, Majority Member, Manager
321.431.0000
garypotion@gmail.com

Sun Wave Wellness, LLC
1427 Chaffee Drive Suite 5, Titusville, Florida 32780