L20000040194

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2021 APR 13 AM 7: 19

COVER LETTER

TO:	Registration Section Division of Corporations									
	SUN WAVE WELLNESS, LLC									
SUBJ	ECT:									
	1	Name of Limited	Liability Company							
Dear S	Sir or Madam:									
The er	nclosed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.							
Please	return all correspondence concerning	g this matter to th	e following:							
	Name of Person									
ULB I	FAMILY HOLDINGS, LLC									
	Firm/Company									
48 HA	RBOR CIRCLE									
	Address									
cocc	DA BEACH, FL 32931									
	City/State and Zip Coo	le								
GARY	POTION@GMAIL.COM									
I	E-mail address: (to be used for future	annual report no	tification)							
For fu	rther information concerning this mat	tter, please call:								
GARY	/ DEANGELO	321	431-0000							
		at ()							
	Name of Person		Area Code & Daytime Telephone Number							
	Mailing Address:		Street Address:							
	Registration Section		Registration Section							
	Division of Corporations		Division of Corporations							
	P.O. Box 6327		The Centre of Tallahassee							
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Enclosed is a check for the follow	ing amount:								
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy							
INHSI	8 (2/14)									

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.

Na	me of the limited liability company:							
(a)	1427 CHAFFEE DRIVE, SUITE 5		48	HARBOR (
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) TITUSVILLE, FL 32780		.,	Mailii (<u>N</u>	ng address of line: MAYBE CH, FL 32931	POST OFF		-
	2/1/2020 (EFFECTIVE DATE)		L200	00040194				
(a)	Date of filing/registration in Florida ULB FAMILY HOLDINGS, LLC	4.		Doc	ument numb	ber		
(a)	Registered Agent and Registered Office shown on the records of C/O LAMINAR ADVISORS, LLC	f the Flo	rida Dept.	of State:				
	17 GREENWOOD LANE							
	OCOA BEACH, F	32931 L				SEC.E	2021 APR	[-]
(L)	ULB FAMILY HOLDINGS, LLC		-			. Lies HASS	ÿR I 3	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:			12.7 C.	AM	i
	48 HARBOR CIRCLE					LOSA LOSA	7:	
	NEW Registered Office Address:	_				D'A	9	
	COCOA BEACH, FI	3293 L	l					
ange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist lability of the l limite	ered off compar imited l d liabili	ice and the sy, it is here iability cor	business of eby confirm mpany or as y.	fice of the ed that the	registe chang	ered e(s)
Signat	ure of a member or authorized representative of a member	_		Prin	ted or typed na	ame of signe	c	
rovisie e obli mere otified	ry accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to o perfor ed for i hereby	act in the mance on Chapt confirm	is capacity of my dutie er 605, F.S n that the li	. I further a s, and I am , s. Or, if this imited liabil	gree to co familiar w document ity compai	mply with and its being has i	ith the l accept ng filed been

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