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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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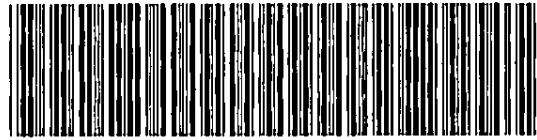
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthful Wellness LLC
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:

Andrew Scott Becker
Name of Person

Healthful Wellness LLC
Firm/Company

5160 Las Verdes circle apt 102
Address

Delray Beach Florida 33484
City/State and Zip Code

Sales@Healthful-wellness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew S. Becker at (949) 514-5305
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.

1. Name of the limited liability company: Healthful Wellness LLC

2. (a) 5160 Las Verdes circle Apt (b)
Principal office address of limited liability company: 102 Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Delray Beach
Florida 33484

MAY 28, 2020

3. Date of filing/registration in Florida

L20000145793

4. Document number

5. (a) Registered ~~AD~~ Agents inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th Street N. Ste 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg
FL 33702

(b) Andrew Scott Becker
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5160 Las Verdes circle apt. 102
NEW Registered Office Address:

Delray Beach
FL 33484

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.

Andrew Scott Becker
Signature of a member or authorized representative of a member

Andrew Scott Becker
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.

Andrew Scott Becker
Signature of Registered Agent