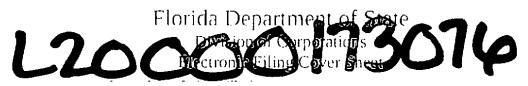
Fax: 8134365206

Division of Corporations



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To:

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MIND BODY SOUL PSYCHRY LLC

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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 505.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:  Mind Body Soul		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	06/22/2020	 	000173076
3.	Date of filing/registration in Florida	4.	Document number
5. (a	SAMUELS, RENEE		
	Registered Agent and Registered Office shown on the records of 9605 Capendon Ave  Registered Office Address (MUST BE FLORIDA STREE)  APT 303	·	
	Palm Beach Cardens	33418	~
(b)	Northwest Registered Agent LLC  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N <u>NEW Registered Office Address:</u> STE 300		2023 SEP - 7 PM 12: 58
	St. Petersburg	33702 1	
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited to limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
- <del> </del>	ture of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
There provis the ob to mer	the accept the appointment as registered agent and a ions of all statutes relative to the proper and completing at my position as registered agent as providely reflect a change in the registered affice address, d'in writing of this change.	gree to act in the te performance led for in Chan	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed