

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				







1814 NORTH 15TH STREET TAMPA, FLORIDA 33605 P: 813.606.5036 E: DOM@DOMLAW.COM F: 813.606.5336 W: DOMLAW.COM

12 May 2021

VIA US PRIORITY MAIL

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Dawn Molina - Business Development for Tampa Bay Holistic Wellness and Whole Better Life

Dear Registration Section:

Please find enclosed with this letter the following documents and payments for immediate processing:

- 1. Executed STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, specifically, TAMPA BAY HOLISTIC WELLNESS, LLC;
- 2. Check Number 2580 in the amount of \$25.00 for the requisite filing fees for the above;
- 3. Executed STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, specifically, WBL HOLDING, LLC; and
- 4. Check Number 2579 in the amount of \$25.00 for the requisite filing fees for the above.













12 May 2021 Page 2 of 2 Re:Dawn Molina - Business Development for Tampa Bay Holistic Wellness and Whole Better Life

Thank you in advance for your immediate attention to these filings.

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Yours Truly,

DOM LAW, PA < Domenick-Lazzara

Attorney at Law

cc: TAMPA BAY HOLISTIC WELLNESS, LLC (VIA EMAIL) WBL HOLDING, LLC (VIA EMAIL)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WBL HOLDING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMENICK G. LAZZARA, ESQ.

Name of Person

DOM LAW, PA

Firm/Company

1814 N. 15TH STREET

Address

TAMPA, FLORIDA 33605

City/State and Zip Code

DOM@DOMLAW.COM

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

For further information concerning this matter, please call:

DOMENICK G. LAZZARA, ESQ.	813 606-5036 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> 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:

S25 Filing Fee

3 \$55 Filing Fee & Certified Con-

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. N	ame of the limited liability company:	NG, LLC					
2. (a)			(b)				
,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		N	failing address of limit (Nate: MAY BE PO)			.:
	1607 N. MARION STREET		1607 N. MA	ARION STREET			
	TAMPA, FLORIDA 33602		TAMPA. F	LORIDA 33602			· · · · · · · · · · · · · · · · · · ·
	11/06/2020		1.2000035323	31			
3.	Date of filing/registration in Florida	4.	[Document number			
5. (a)	١						
(u	Registered Agent and Registered Office shown on the records DOM LAW, PA	s of the Flor	ida Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREE	ETADDRE	<u>SS)</u>			<u></u>	
	1814 N. 15TH STREET					2021	
	ТАМРА	FL 33605				2021 HNY 14	••• • k : • •= •
					· · · · · · · · · · · · · · · · · · ·	1-	- ۱
(b)					-		· ·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office :	<u>address</u> :		<u> </u>	10	×.,
	DOM LAW, PA					+ AHIO: 15	
	NEW Registered Office Address:]>		
	ATT: DOMENICK LAZZARA, ESQ., 1814 N. 15TH	STREET					
	ТАМРА	FL					
agent was/w	limited liability company is not organized under the c or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	the registe liability of s of the li	red office and company, it is l mited liability	the business office hereby confirmed t company or as oth	of the r	egistered	d
Datao Ano I	t <u>Ann Molina</u> Marine Ma, 12 2222 (= 45 EDT	DE	R. DAWNMOLI	INA, MGR			
	ture of a member or authorized representative of a member			Printed or typed name	•		
I here provisi the obl to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	igree to ad te perform ded for in Thereby o	t in this capac nance of my du Chapter 605, a confirm that th	ity. I further agre- uies, and I am fam F.S. Or, if this doc e limited liability c	e to com iliar with cument is company	ply with 1 and ac 2 being f has bee	the cept iled n
_ <u>I ♀</u> _Signatu	re of Registered Agent						
Done	re Office istered Agent Pour Les PA						
	Division of Corporations• P.O). Box 632	!7• Tallahasse	ee, FL 32314			

FILING FEE: \$25.00

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