

120 0003 54558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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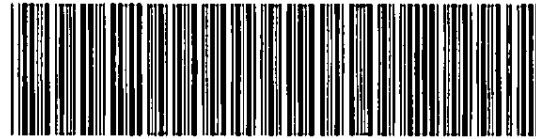
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

of 3/14/2022

Simply Be Wellness, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Netzley Law PLLC

1600 Sarno Road, Suite 211

Melbourne, FL 32935

david@netzleylaw.com

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

For further information concerning this matter, please call:

David C Netzley II

321

888-3832

at ( )

Name of Person

Area Code &amp; Daytime Telephone Number

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

**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.*

Simply Be Wellness, LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1973 SW Americana Street

Port Saint Lucie, FL 34953

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1973 SW Americana Street

Port Saint Lucie, FL 34953

09 November 2020

L20000354558

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

— CRUZ, HILLARY

1973 SW AMERICANA ST

— PORT SAINT LUCIE, FL 34953

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Netzley Law PLLC

**NEW** Registered Office Address:

1600 Sarno Road, Suite 211

Melbourne

32935

\_\_\_\_\_, FL \_\_\_\_\_

**FILED**  
2022 MAR -7 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, 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.

Hillary Cruz

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