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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

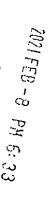
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MAR 2 9 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	d
50.50.50.11	LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Erin Wilson Name of Person	
Breathe Well LL	
2710 Del Prado	Blvd. S #2-195
Cape Coral F-L City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Ecin Wilson at C	904, 9109676 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 amoun	t:
□ \$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: Breathe Well LLC
2. (a) Breathe Well Enn Wilson (b) Breathe Well Erin Wilson
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2710 Del Prado Blvd. S#2-195 2710 Del Prado Blvd. S
Cape Coral, FL 33904 # 2-195
Cape Coral FL 33904
01/01/2021
3. Date of filing/registration in Florida 4. Document number
5. (a) Erin Wilson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3316 SE 17th AVE
Cape Coral .Fr. 33904
(b) John P Stevens
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Stevens, Pawell + Company, PA.
NEW Registered Office Address:
4209 Bayneadows Rd Ste 1
Jackson V. ((e .F. 32217
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.
Signature of a member or authorized representative of a member ERIN M WILSON Printed or typed name of signee
Signature of a member or authorized representative of a member 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.

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent