L21000045814

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



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2021 HAY -3 PM 3: 12

COVER LETTER

| TO: | Registration Section Division of Corporations | • | • | | |
|--------|--|----------------------|--|--|--|
| enn. | ECT: DALBERTUS WELLNESS AND HEALTH SERVICES, LLC Name of Limited Liability Company | | | | |
| SUBJ | | | | | |
| Dear S | Sir or Madam: | | | | |
| The er | nclosed Registered Agent/Registered | Office Change and | fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning | g this matter to the | following: | | |
| | Dilma Amarilis Albertus Escalan | te | | | |
| | Name of Person | | | | |
| | Firm/Company | | _ _ | | |
| | 1160 W 54th St | | | | |
| | Address | | | | |
| | Hialeah FL 33012 | | | | |
| | City/State and Zip Co | ode | | | |
| | aalbertus@outlook.con | | | | |
| | E-mail address: (to be used for future | annual report notif | lication) | | |
| For fu | rther information concerning this ma | atter, please call: | | | |
| | Dilma Albertus | 786 at (| 808.8361 | | |
| | 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 follo | wing amount: | | | |
| | ■ \$25 Filing Fee | | 555 Filing Fee & Certified Copy | | |
| INHS | 18 (2/14) | | | | |

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.

| i. Na | me of the limited liability company:DALBERTU | JS WELLNE | SS AND HEALTH SERVICES, LLC |
|---|---|--|--|
| 2. (a) | 1160 W 54th St. Hialeah FL 33012 | _ (b) | 1160 W 54th St. Hialeah FL 33012 |
| z. (a) _. | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 1/25/2021 Date of filing/registration in Florida | - <u>-</u> | L21000045814 Document number |
| 5. (a) | Felix Jonte | | |
| | Registered Agent and Registered Office shown on the records of the 1160 W 54th St | he Florida Dep | t, of State: |
| | Registered Office Address | 2021 HAY -3 | |
| | Hialcah, FL | 33012 | AY -C |
| (b) | Dilma Amarilis Albertus Escalante | jen . | |
| (-) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | PM 3: 12 | |
| | 1160 W 54th St | | 12 DA |
| | NEW Registered Office Address: | | |
| | Hialeah, FL | 23012 | |
| change agent was/w | imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by appathemative vote of the members of icles of organization or the operating agreement of the | registered o ability compa of the limited limited liabi | ffice and the business office of the registered any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in lity company. ma Amarilis Albertus Escalante |
| - | ature of rinember or authorized representative of a member | · - | Printed or typed name of signee |
| I here provis the ob to mer notifie | hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change. | ee to act in t performance I for in Chap hereby confi | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been |
| Signati | ire of Agistered Agent | | |