

L21 000 097 833

(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:

Office Use Only

mf



900395950479

10/14/22--01017--012 **25.00

22 OCT 14 AM 5:09

RECEIVED
FILING OFFICE
10/14/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitality Med LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Molly Rickenbach
Name of Person

Firm/Company

592 Crescent St
Address

Umatilla, FL 32784
City/State and Zip Code

rickenbach.molly@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Rickenbach at (321) 245-0404
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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

22 OCT 14 AM 5:09

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: Vitality Med LLC

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)

2210 University Dr. SE
Massillon, Ohio 44646

3. Date of filing/registration in Florida 4. Doc #

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

L21 000 097 833

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

592 Crescent St. none c
Umatilla, FL 32784

(b) Molly Rickenbach

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

592 Crescent St
Umatilla FL 32784

NEW Registered Office Address

, 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.

Molly Rickenbach
Signature of a member or authorized representative of a member

Molly Rickenbach
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.

Molly Rickenbach
Signature of Registered Agent

22 OCT 14 AM 5:09