## L21000199022

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	#)
(01.	yrotater Elpir Trone	<b>,</b>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
·	_	
Special Instructions to	Filing Officer:	i
Limile		





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## COVER LETTER

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INHS18 (2/14)

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: Center of Restorative Wellness	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Simone Herr	
Name of Person	
Center of Restorative Wellness	
Firm/Company	
3816 SW 52nd Avenue Address	<u> </u>
Address	
Hollywood, FL 3302 City/State and Zip Code	3
SVERTICSW @ OMCIN.CT	
For further information concerning this matter, p	
	rease can.
Simone herr	ar (954) 673-0792
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
S25 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 No	me of the limited liability company:  Center of Restorative	ve Wellness		
2. (a)	7901 4th St N , STE 300 Principal office address of limited liability company:	(b) <u>790</u>	Mailing address of limited	STE 300 liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST	
	St. Petersburg, FL 33702	<u>Sit</u>	-Petersburg	, FL 33702
	リカをプラフリ Date of filing/registration in Florida	L	2100019902	22
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Simone Herr		<del></del>	
	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of !	State:	
	3816 S.W. 52nd Avenue			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		i.
			<u> </u>	
	Hollywood .FL	3302	<u>3</u>	<b>b</b>
21 N	Northwest Registered Agent LLC			<u>.</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		1: 06
	7901 4th St N			Ğ
	NEW Registered Office Address:	<del>-</del>		
	STE 300		· ·	
	St. Petersburg . FL	33702	 	
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of infest of organization or the operating agreement of the law accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. In a din writing of this change.  Taylor Newman - Assistant Se	the registered of bility company. I the limited liability imited liability see to act in this performance of for in Chapter ereby confirm to	it is hereby confirmed to bility company or as othe company.  Printed or typed name of capacity. I further agreemy duties, and I am fam 605 F.S. Or, if this doc	hat the change(s) erwise provided in of signee to comply with the iliar with and acceptument is being filed
1 /				

Signature of Registered Agent