

L21000280885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

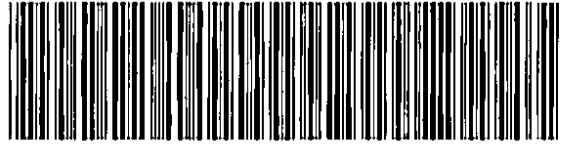
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800369581088

Received  
2021 July 7th

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FILE  
CLERK

2021 JUL 18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2021

CSC

SUBJECT: HABITS OF HEALTH, LLC  
Ref. Number: L21000280885

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for HABITS OF HEALTH, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

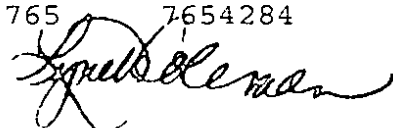
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 921A00015558

RECEIVED  
2021 JUL 22 PM 12:49  
SECRETARY OF  
TALLHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 893765 7654284  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : July 6, 2021  
ORDER TIME : 1:42 PM  
ORDER NO. : 893765-005  
CUSTOMER NO: 7654284  
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CHANGE OF AGENT

NAME: HABITS OF HEALTH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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: HABITS OF HEALTH, LLC

2. (a) 4900 WATERSONG WAY (b) 4900 WATERSONG WAY

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

HUTCHINSON ISLAND, FL 34949

HUTCHINSON ISLAND, FL 34949

06/16/2021

L21000280885

3. Date of filing/registration in Florida

4. Document number

ANDERSEN, WAYNE S, DR

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4900 WATERSONG WAY

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

HUTCHINSON ISLAND, FL 34949

(b) CORPORATION SERVICE COMPANY

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

1201 HAYS ST

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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.

Wayne Andersen  
Signature of a member or authorized representative of a member

MGRM ANDERSEN, WAYNE S, DR.

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.*

Alexis Weibull, assistant vice president  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**