

L 21000420194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

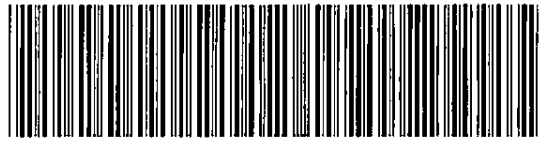
(Document Number)

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1. 2. 3.

Luxury Wellness LLC

ladam:

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

all correspondence concerning this matter to the following:

M115

Name of Person

ss LLC

Firm/Company

4 N, Unit-4205

Address

44.33716

City/State and Zip Code: _____

g@gmail.com

address: (to be used for future annual report notification)

formation concerning this matter, please call:

412 7993377

_____ at (_____)

Name of Person

Name of Person	Area Code & Daytime Telephone Number
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ing Address:

Registration Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

ing Address: **Street Address:**

Administration Section Division of Corporations Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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used is a check for the following amount:

5 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.

Luxury Wellness LLC

1. Name of the limited liability company: _____
8851 US HIGHWAY 19 N, Apt 1322, Pinellas Park, FL 33782 8851 US HIGHWAY 19 N, Apt 1322, Pinellas Park, FL 33782

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

09/23/2021

1.21000420194

3. Date of filing/registration in Florida 4. Document number
WACHIRA WALLIS

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8851 US HIGHWAY 19 N, Apt 1322, Pinellas Park, FL 33782

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
871 Ibis Walk Pl N, Unit 4205, St Petersburg, FL 33716

_____, 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.

Wachira Wallis

WACHIRA WALLIS

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.

Wachira Wallis

Signature of Registered Agent