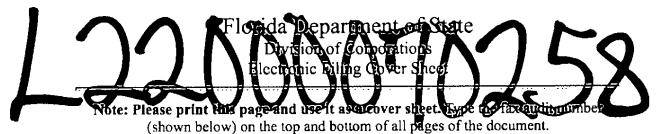
Division of Corporations



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From:

ACCOUNT Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301 Phone : (813)223-7474

Fax Number : (813)227-0435

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE J&T HEALTH AND WELLNESS LLC

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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.	Na	ume of the limited liability company:J&T Health and W	/ellno	ess LLC	•	_
2	(a)	2442 23rd Street N.		(b) 2442 231	d Street N.	
٤.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(e) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite B		Suite B		
		St. Petersburg, Fl. 33713	_	St. Peters	sburg, FL 33713	
		01/26/2022		L2200007	0258	
3.		Date of filing/registration in Florida	4.		Document number	•
5.	(a)	Jennifer c. Henkemans				
· ·	(11)	Registered Agent and Registered Office shown on the records of the 2442 23rd Street N.	ne Flo	rida D ep t. of Su	ate:	
		Registered Office Address (MUST BE FLORIDA STREET A Suite B	DDR.	ESS)	2022 NOV	
		St. Petersburg, FL_	3371:	3	*0Y	
	(b)	TK Registered Agent, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:		W-3 AH ID.	ļ	
		101 E. Kennedy Boulevard			်က် မွ	
		NEW Registered Office Address:				
		Suite 2700			_	
		Tampa , FL	3360	2	_	
ch: ag: wa	ange ent v s/w e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lody Floro	regis bility f the imite	tered office a company, it limited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
-5	Signa	sure of a member or authorized representative of a member	_	<u></u>	Printed or typed name of signee	-
pro the to	ovisi e obi mer ti[îp:	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	ee to perfo. for i ereby	act in this ca rmance of my in Chapter 60 v confirm tha	pacity. I further agree to comply with the vauties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Si	onatu	ire of Registered Agent				