h22000091336

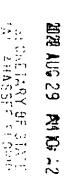
(Re	questor's Name)			
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PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					
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AUG 3 1 2022 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations	RECEIVED
cubi	Health & Wellness with Kenzy LLC	2022 MAY -5 AM 8: 06
SUBJ	Name of	Limited Liability Company Circles of CIRTE TALL ASSASSE. FL
Dear S	Sir or Madam:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The e	nclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
Kenzy	Green	
	Name of Person	
Health	& Wellness with Kenzy LLC	
	Firm/Company	•
6992 5	SW 39th Street #1201	
	Address	
Davie	,FL 33314	
	City/State and Zip Code	
kenzy	green@hotmail.com	
	E-mail address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, plea	ase call:
Kenzy	Green 8	302 3888873
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Enclosed is a check for the following amount:

■ \$25 Filing Fee

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

2. (a)		(b)_		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,,	Mailing address of l	imited liability company: POST OFFICE BOX)
	6992 SW 39th Street #I201	6	992 SW 39th Street #I201	
	Davie, Ft. 33314		Davie, FL 33314	
	February 7, 2022	L2	2000091336	
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)				
. (Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:	
	Kenzy Green			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)		20 20 20 20 20 20 20 20 20 20 20 20 20 2
			<u></u>	% AUG
	6992 SW 39th Street #1201, F	33314		MR2 AUG 29
				<u>"</u> " ·
(b)	Enter name of NEW Registered Agent and/or NEW Registered			THE PROPERTY OF
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ess</u> :	pp : ♀ `
	Kenzy Green			- ~
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	it is only Article IV that needs correcting			
	6992 SW 39th Street #1201, Davie	FL 33314		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered of liability completed to of the limited limited liab	office and the business of pany, it is hereby confirmed liability company or as oility company.	ffice of the registered ned that the change(s)
	Kentry	Kenzy		
	ature of a member or authorized representative of a member		Printed or typed n	ame of signee



June 29, 2022

KENZY GREEN HEALTH & WELLNESS WITH KENZY LLC 6992 SW 39TH STREET #1201 DAVIE, FL 33314

SUBJECT: HEALTH & WELLNESS WITH KENZY LLC

Ref. Number: L22000091336

We have received your document for HEALTH & WELLNESS WITH KENZY LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

We have received your document for HEALTH & WELLNESS WITH KENZY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 022A00014702

RECEIVED

AUG 2 9 7027