Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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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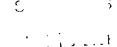


LLC REGISTERED AGENT CHANGE ASHLEY NOEL WELLNESS LLC

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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	me of the limited liability company:	ss LLC		
2. (a	()		(b)	i	
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	. \	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_		
		06/21/22	-	_220002810	60
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
		Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
		476 RIVERSIDE AVE.			20
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS <u>)</u>		2024 JAN 18 SECREVÀRA	
		JACKSONVILLE , FL	32202		SSC
(b)		Northwest Registered Agent LLC			EE, Plan
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	
		7901 4th St N			
		NEW Registered Office Address			
		STE 300			
		St. Petersburg	33702		
the c agen was/ the a	ha t w we rti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis oility con the limi	tered office npany, it is ted liability	and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
<u> </u>	_	we of a member or authorized representative of a member	Nat S	mith	
					Printed or typed name of signce
prov the o to mo notif	isi bli erc igo	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change.	e to act performa for in C preby co	in this capa nce of my a hapter 605 nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
~/l	/a	Taylor Newman - Assistant Sec	cretary		

Signature of Registered Agent