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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

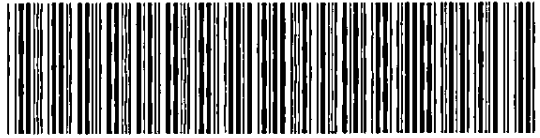
(Business Entity Name)

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2022/11/04 10:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Wellness & Therapy
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Mariah Boyer
Name of Person

Diversified Wellness & Therapy
Firm/Company

204 E Kathy Lane
Address

Freeport, FL 32439
City/State and Zip Code

diversifiedwellnessllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariah Boyer at (540) 742-0807
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2021/11/11 11:11:12

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: Diversified Wellness & Therapy

2. (a) 204 E Kathy Lane, Freeport FL 32439 (b) PO Box 716 Niceville FL 32588
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 08/01/2022 4. L22000338208
 Date of filing/registration in Florida Document number

5. (a) Mariah Boyer
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

204 E Kathy Lane, Freeport FL 32439
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 _____, FL _____

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

7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

2023-08-01 12:00 PM

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.

Mariah Boyer Mariah Boyer-CEO
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

David Roberts David Roberts - Assistant Secretary
 Signature of Registered Agent