

L22000428571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

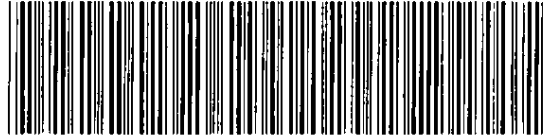
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+M Wellness, LLC
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:

Angela Mineo
Name of Person

A+M Wellness, LLC
Firm/Company

7663 Cita Ln, Suite 101
Address

New Port Richey, FL 34653
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Mineo at (727) 510 2813
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 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.

1. Name of the limited liability company: ATM Wellness, LLC

2. (a) 7663 Cita Ln, Suite 101

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

New Port Richey, FL

34653

(b) 7663 Cita Ln, Suite 101

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

New Port Richey, FL

34653

3. 10/4/22
Date of filing/registration in Florida

4. L22000428571
Document number

5. (a) Angela Mineo

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

723 Chalice Dr

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Spring Hill

FL 34609

(b) Angela Mineo

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7663 Cita Ln, Suite 101

NEW Registered Office Address:

New Port Richey

FL 34653

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.

AM
Signature of a member or authorized representative of a member

Angela Mineo
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.

AM
Signature of Registered Agent

2023 AUG -4 AM 6:56
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-04-23 BY 60322 UCBAW