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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future Cannual report mailings. Enter only one email address please.** Email Address:

LLC REGISTERED AGENT CHANGE ANCHORING AND PEACE WELLNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: Anchoring and Peace Wellness, LLC				
2. (a) Principal office address of limited liability co		Mailir	ng address of limited li	
(<u>Note: MUST BE STREET ADDRES</u>	<u></u>	(<u>NØ</u>	ue: MAY BE POST 6	TETICE BOX
10/27/22		 L220004	64037	
B. Date of filing/registration in Florid	a 4.	Doc	cument number	****
5. (a) WILFONG, FREDERICKA C				
Registered Agent and Registered Office shown on the	e records of the Florida	Dept. of State.		
Registered Office Address (MUST BE FLORID)	<u>STREET ADDRESS</u>	<u> </u>		
1229 SOUTH PARK AVE.				
WINTER GARDEN	, FL <u>3478</u>	37		21
Northwest Registered Ag	gent LLC			2023 ft o
Enter name of NEW Registered Agent and/or NEW	~	dress;	•	5 3
<u> </u>				17
7901 4th St N				
NEW Registered Office Address:		1111	.° C –	
STE 300			三二二二二三三三二二三三二二二二二二二二二二二二二二二二二二二二二二二二二	0
St. Petersburg	, FL 33702	2	•.	C 1
If the limited liability company is not organized un the change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the r the articles of organization or the operating agreem	der the laws of the address of the regis limited liability or nembers of the lim ent of the limited l	State of Florida stered office and ompany, it is her aited liability con	I the business office the confirmed the confirmed the mpany or as otherward the confirmed the confir	e of the registered the change(s)
Signature of a member or authorized representative of a men		NA	T SMITH	
Signature of a member or authorized representative of a men	nber	Prin	ited or typed name of s	ignee
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and the obligations of my position as registered agent of merely reflect a change in the registered office a portified in writing of this change.	nt and agree to act complete perform is provided for in C ddress, I hereby c	in this capacity ance of my dutie Chapter 605, F.S onfirm that the l	: I further agree t es, and I am famili S. Or, if this docun imited liability con	o comply with the ar with and accep nent is being filed npany has been
Taylor Newman - ,	Assistant Secre	tary		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent