Division of Corporations **Electronic Filing Cover Sheet**

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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

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LLC REGISTERED AGENT CHANGE **R&J 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.

(a)		(1	h)	-1	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	my:
	11/28/2022		L22000500	0000	
	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT LLC	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7901 4TH ST N STE 300 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 ate: 28 3	•.
	ST. PETERSBURG FI	33702		22 DEC 2	15.75 H 15.75 15.75 H 15.75 H 15.75 H 15.75 15.75 H 15.75 H 15
b)	Rohin Potter			0	10 E
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 479 Lighthouse Landing	l Office ad	ldress.	AM (1: 27	
	NEW Registered Office Address:				
	Satellite Beach F1	32937			
ige it w /we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited list re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registerability co the lin	ed office at ompany, it nited liabili	nd the business office of the register is hereby confirmed that the change ity company or as otherwise provide	red e(s)
<u>، (</u>	ure of a member or authorized representative of a member	Moi	gan Noble		
arak	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ve to act perform d for in (hereby ca	in this cap ance of my Thapter 60 onfirm that	Printed or typed name of signee pacity. I further agree to comply wis duties, and I am familiar with and 15, F.S. Or, if this document is being the limited liability company has be	ith the accep g filed icen