## 122000530862

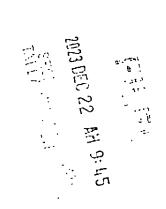
(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
Lumil	<u>^</u>			

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	ECT: Treatment by Design, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
Stacy	y Meriwether				
	Name of Person				
Treat	tment by Design, LLC				
	Firm/Company				
398 /	Abello Rd SE				
	Address				
Palm	n Bay, FL 32909				
	City/State and Zip Code				
otany	ywhere321@treatmentsbydesign.c	som			
I	E-mail address: (to be used for future ann	ual report notification)			
For fu	orther information concerning this matter,	please call:			
Stacy	y Meriwether	at (321 ) 749-0921			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tananassee, Florida 32314			
*4	Enclosed is a check for the following	amount:			
	<b>2</b> \$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.

L. N	ame of the limited liability company: Treatment B	y Design	, LLC
2. (a)		(b)	
. , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	398 Abello Rd SE Palm Bay FL 32909		398 Abello Rd SE Palm Bay FL 32909
	12/08/2023	 (	_22000530862
3.	Date of filing/registration in Florida		Document number
5 (a)	INC AUTHORITY RA		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 390 NORTH ORANGE AVE., STE 2300-N		MAJ DEC 22
	Olando Fi	32801	22
(b)	Stacy Meriwether  Enter name of NEW Registered Agent and/or NEW Registered	d Office add	字 · · · · · · · · · · · · · · · · · · ·
			·
	NEW Registered Office Address:		
	398 Abello Rd SE		
	Palm Bay Fi	32909 L	
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I gree authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist iability cor of the limi e limited li	ered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  Example 2 Meriwether
XIII.	nture of a member or authorized representative of a member	-	Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l ad in writing of this change.	gree to act e performa ed for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signati	ure of Registered Agent		