

L230000004213



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Care & 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:

Maxime Debrosse

Name of Person

Good Care & Wellness LLC

Firm/Company

3065 Daniels Road, #1321

Address

Winter Garden FL 34787

City/State and Zip Code

debrosse1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxime Debrosse

at (609) 851-9112

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: Good Care & Wellness LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3065 Daniels Road, #1321,
Winter Garden FL 34787
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3065 Daniels Road, #1321,
Winter Garden FL 34787
3. 01/06/2023 Date of filing/registration in Florida
4. 723A00000413 Document number

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

Florida Registered Agent LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th st N, Ste 300,

St Petersburg, FL 33702

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

Maxime Debrosse

NEW Registered Office Address:

3065 Daniels Road, #1321

Winter Garden, FL 34787

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.

DocuSigned by:
Maxime Debrosse
 Signature of a member or authorized representative of a member
 3BCD83D3C3CD46D...

MAXIME DEBROSSE

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.

DocuSigned by:
Maxime Debrosse
 Signature of Registered Agent
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