L23000304Z1Z

(Re	questor's Name)					
(Add	dress)					
(714)	21033)					
(Address)						
(
(Cit	y/State/Zip/Phone #	f)				
PICK-UP	☐ WAIT	MAIL				
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(Bus	siness Entity Name	<u>, </u>				
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Certified Copies Certificates of Status						
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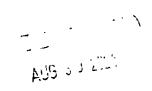


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SEP 1 9 S. PRATHER





July 16, 2024

YOUR MENOPAUSE MAVEN LLC JENNIFER KRAMER 2073 CELEBRATION BLVD CELEBRATION, FL 34747

SUBJECT: YOUR MENOPAUSE MAVEN LLC

Ref. Number: L23000304212

We have received your document for YOUR MENOPAUSE MAVEN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 124A00015510

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Division of Corporations				
SUBJECT: YOW Meropouse Name of Limite	Moven d 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:			
Jennifer Francer Name of Person				
Your Merocouse Mover Firm/Company				
2073 Celebration BlVd Address				
Celebratian FL 3474) City/State and Zip Code	 -			
health Cooch jen Comail. Con E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matter, please call:				
Jennifer Lyonner at ()	() (083-8395 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. Na	me of the limited liability company: \documentum \text{Town } T	popon	se Maren	_
2. (a)	•	(b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POS	
	2013 Celebration Blud		3073 Celebras	ion Blud
	Celebration FL 34747		Celebration P	(34)4)
	June 30, 30,33		<u>-930003079</u>	12-Statez
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the		of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	476 Riverside ONR			202
		39903	<u> </u>	2024 AL
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		30 m
	2013 Celebration BIVA NEW Registered Office Address:			7: 53 C. 53
	Celebration FL 3474)			
	<u>Celebration</u> , FL	3474	<u> </u>	
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	registered offi bility compan f the limited li limited liabilit	ce and the business office y, it is hereby confirmed the ability company or as other	of the registered hat the change(s) erwise provided in
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	performance o	of my duties, and I am fami	iliar with and accet
Signatu	ermiton transcor			