L23000304212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form 8/30

Office Use Only

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SEP 19

S. PRATHER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AUG

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 124A00015510

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Menopause Maven
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:

Jennifer Kramer
Name of Person

Your Menopause Maven
Firm/Company

2073 Celebration Blvd
Address

Celebration FL 34747
City/State and Zip Code

healthcoachjen@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Kramer at (717) 683-8395
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

INHS18 (2/14)

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: Your Menopause Maven

2. (a) Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)

2073 Celebration Blvd
Celebration FL 34747

(b) Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)

2073 Celebration Blvd
Celebration FL 34747

3. Date of filing/registration in Florida: June 26, 2023

4. Document number: L23000304212 - State ID

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

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

476 Riverside Ave
Jacksonville, FL 32202

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: Jennifer Kramer

NEW Registered Office Address:

2073 Celebration Blvd
Celebration FL 34747
Celebration, FL 34747

2024 JUL 30 AM 7:53

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.

Jennifer Kramer
Signature of a member or authorized representative of a member

Jennifer Kramer
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.

Jennifer Kramer
Signature of Registered Agent

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

INHS18 (2/14)