

L23000341615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

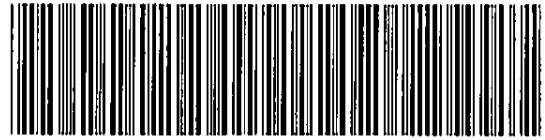
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 14 2024

Office Use Only



300433982023

08/01/24--01018--009 \*\*25.00

FILED  
2024 AUG -1 PM 1:00  
J. HORNE  
AUG 14 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

BE-WELL & HEAL LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

COURTNEY A. MALLOW

\_\_\_\_\_  
Name of Person

BE-WELL & HEAL LLC

\_\_\_\_\_  
Firm Company

1317 EDGEWATER DR #6378

\_\_\_\_\_  
Address

ORLANDO, FL 32804

\_\_\_\_\_  
City, State and Zip Code

C.MALLOW@BE-WELL-AND-HEAL.COM

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

For further information concerning this matter, please call:

COURTNEY A. MALLOW

919

561-9651

\_\_\_\_\_  
Name of Person

at (

) \_\_\_\_\_  
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*

BE WELL & HEAL LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company Mailing address of limited liability company  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1317 EDGEWATER DR #6378  
ORLANDO, FL 32804

1317 EDGEWATER DR #6378  
ORLANDO, FL 32804

07/19/2023

123000341615

3. Date of filing registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
REPUBLIC REGISTERED AGENT LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1150 NW 72ND AVE TOWER I STE 455

MIAMI 33126  
FL

(b) Cabrielle Gardner  
Enter name of NEW Registered Agent and or NEW Registered Office address

1317 Edgewater dr  
NEW Registered Office Address

Orlando FL 32804

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.

Courtney A. Mallow

COURTNEY A. MALLOW

Signature of member or authorized representative of a member

Printed or typed name of signer

*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.*

Cabrielle Gardner  
Signature of Registered Agent

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

FILED  
2024 AUG -1 PM 1:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA