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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:			_		
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LLC REGISTERED AGENT CHANGE JOIN HEALTHY LIVING LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L 8	iame of the limited liability company. $\frac{\mathrm{J}_{0}}{2}$	oin Healthy Living LL	LC						
2. (a)	l		(b)						
	Principal office address of limited liabi (Note: MUST BE STREET AD.	Mailing address of limited ha	Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)						
	08/16/23		L23000386	6106					
3.	Date of filing/registration in F	⁷ lorida -	4,	Document number					
5. (a	, NORTHWEST REGISTERED AGENT LLC	3							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State								
	7901 41H STN STE 300								
	Registered Office Address (MUNT BE FLU	ORIDA STREET ADD							
	ST. PETERSBURG	FI 337	702						
		, 1 1							
ιb	Registered Agents Inc			<u> </u>	2021				
	Enter name of <u>NEW Registered Agent</u> and or	NEW Registered Offi	ice address:	(CT)	ال ا	<u> </u>			
	7901 4th St N			7 m t - 1	2024 JUL 31	子学			
	NEW Registered Office Address:	NEW Registered Office Address							
	STE 300				PM 2:	.0 V: U			
			··· —— —		 				
	St. Petersburg	FL_	02		. 0				
the chagent was/w	limited liability company is not organize tange or changes are made, the Florida st will be identical. Or, in the case of a Florer authorized by an affirmative vote of ticles of organization or the operating ag	ed under the laws o treet address of the orida limited liabili Tthe members of th	registered offi ity company, it ie limited liabil	ice and the business office t is hereby confirmed that lity company or as otherw	e of the the chi	registered inge(s)			
1000	ia. Na matematika mengelah dianggalan dianggalan dianggalan dianggalan dianggalan dianggalan dianggalan dianggalan		Robin Jones						
Sign	ature of a member or authorized representative of	a member		Printed or typed name of si	gnee				
provi: the ol to me	eby accept the appointment as registered sions of all statutes relative to the proper oligations of my position as registered as rely reflect a change in the registered of ed in writing of this change.	Lagent and agree to and complete per gent as provided to fice address, Lhere	o act in this ca formance of m r in Chapter 60 by contirm tha	ipacity. I further agree to y duties, and I am familia 05, F.S. Or, if this docum it the limited liability con	ecomply with is lent is l upany h	y with the and accept peing filed as been			
	David Roberts	- Assistant Secre	tary						
Signat	aire of Registered Agent								