

L23000517 257

(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:

5.1

Office Use Only



100427023561

04/08/24--01016--019 **25.00

2024 APR -7 10:11:53
OFFICE OF THE CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAME CHANGE FROM KOKUA MEDICAL SERVICES TO LIFE BRAND HEALTH
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred A. Kelly II

Name of Person

LIFE BRAND HEALTH

Firm/Company

1114 Cambridge Street

Address

Deltona, FL 32725

City/State and Zip Code

contact@lifebrandhealth.com

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

For further information concerning this matter, please call:

FRED KELLY

407

952-5705

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

If Changing Registered Agent, Signature of New Registered Agent

2021.11.17
11:55

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00