Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000390856 3)))



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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

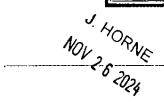
♥♥Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

É<u>m</u>áil Address:__

LLC REGISTERED AGENT CHANGE HEALTHY HEADSPACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



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.

l. N	ame of the limited liability company: HEALTHY	Y HEADSPACE LL	C	
2. (a)		(b)	l	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	nany:	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th St	N STE 300
	St. Petersburg FL 33702		St. Petersburg FL 33702	
	11/27/23	l.	.2300052749	7
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.			20
J. (11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	2894 REMINGTON GREEN LN.		9 T	
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)		FILE 2024 NOV 25
	STE. A			PH D
	TALLAHASSEE	rı 32308		PH 2: 07
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and <u>NEW Registered Agent Age</u>	egistered Office add	ress:	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	, FL		
the cha agent was/wa the art	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida line authorized by an affirmative vote of the medicles of organization or the operating agreement	dress of the regist nited liability cor mbers of the limi t of the limited li Robin	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	nure of a member or authorized representative of a member	21		Printed or typed name of signee
provisi the obi to mer notific	by accept the appointment as registered agent ions of all statutes relative to the proper and colligations of my position as registered agent as left reflect a change in the registered office add in writing of this change. David Roberts - Ass	ompleic performa provided för in C bress, I hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed we limited liability company has been
	David Roberts - Ass	istant Secretary		