

L24 200 289 393

11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

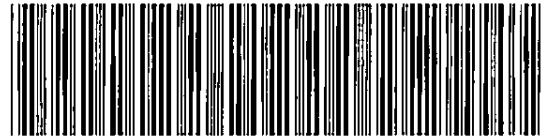
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700433023337

07/16/24--01029--010 \*\*95.00

2024 AUG 21 PM 12:11

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NIAS Wellness, LLC  
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:

Martha I Mora  
Name of Person

NIAS Wellness LLC  
Firm/Company

4417 SW 163<sup>rd</sup> PL  
Address

Miami, FL 33185  
City/State and Zip Code

marthamora1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha I Mora at (605) 753-27-93  
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)

Doc # L24000289393

**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: MAS WELLNESS, LLC

2. (a) 4417 SW 163<sup>rd</sup> PL Miami, FL 33185 (b) SAME

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

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

3. 06/26/24 Date of filing/registration in Florida 4. L24000289393 Document number

5. (a) INC Authority RA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 North Orange Ave., Ste 2300-N  
Orlando, FL 32801

(b) Martina I. Moran  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

4417 SW 163<sup>rd</sup> PL  
Miami, FL 33185

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.

Martina I. Moran  
Signature of a member or authorized representative of a member

Martina I. Moran  
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.*

Martina I. Moran  
Signature of Registered Agent

2024 AUG 21 PM 12:11