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| (Requestor's Name) | | | | | | |
|---|--------------------------|----------|--|--|--|--|
| (Address) | | | | | | |
| (Äddress) | | | | | | |
| (Ci | ty/State/Zip/Phone # | <u>)</u> | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates o | f Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | J. HORNE NOV 2 5 2024 | , | | | | |
| | | | | | | |

Office Use Only



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11/01/24--01008--025 **25.00



COVER LETTER

| | istration Section sion of Corporations | | | | | |
|---------------------------------------|---|-----------------------|--|--|--|--|
| SUBJECT: | Natural Health Massage Spa | | | | | |
| Sobster. | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | I Registered Agent/Registered (| Office Change and fo | ce(s) are submitted for filing. | | | |
| Please return | all correspondence concerning | this matter to the fe | ollowing: | | | |
| Yong Li | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Name of Person | | _ | | | |
| Natural Healt | h Massage Spa | | | | | |
| | Firm/Company | | _ | | | |
| 1613 Main St | | | | | | |
| | Address | | _ | | | |
| Dunedin,FL3 | 3698 | | | | | |
| | City/State and Zip Code | • | _ | | | |
| | n484@gmail.com | | | | | |
| E-mail | address: (to be used for future a | nnual report notific | ation) | | | |
| For further in | nformation concerning this matt | er, please call: | | | | |
| Dongfang Ch | en | 518 at (| 3641627 | | | |
| | Name of Person | (<u> </u> | Area Code & Daytime Telephone Number | | | |
| Reg Divi P.O. | istration Section ision of Corporations Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Encl | losed is a check for the followi | ng amount: | | | | |
| \$ 3 | 25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | | |

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.

| . Na | me of the limited liability company: Natural Health Ma | issage S | pa | | | |
|------------------------------------|---|---|---------------------------------------|---|---|--|
| . (a) | 1613 Main St. Dunedin,FL33698 | | (b) 1613 Main St.Dunedin,FL33698 | | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | _ | - | address of limited liability company: :: MAY BE POST OFFICE BOX) | |
| | 08/05/2024 | - | L.24 | 1000342362 | | |
| | Date of filing/registration in Florida | 4, | | Docu | ment number | |
| (a) | Dongfang Chen | | | | | |
| | Registered Agent and Registered Office shown on the records of t Dongfang Chen | he Florio | la De | ot, of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | | | |
| | 1613 Main St | | | | 20: | |
| | Dunedin , FL | 33698 | | | F 11 | |
| (b) | Yong Li | | | - | :. - | |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddres | <u>s</u> : | PR D | |
| | 1613 Main St | | | | ED #8554 | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | Dunedin , FL | 33698 | | | | |
| hange gent v as/we e arti | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree | register bility c f the lin imited | ed o omp nited liabi ng L | ffice and the bany, it is herel liability com lity company. Printe | pusiness office of the registered by confirmed that the change(s) pany or as otherwise provided in the change of signee | |
| rovisi he obl mer | ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change. | perform for in ereby c | i in i lanci Chaj confi | ns capacity. e of my duties, oter 605, F.S. em that the lin | and I am familiar with and accept this document is being filed ited liability company has been | |