M0700000696

(Dannachada Nama)						
(Requestor's Name)						
(Address)						
(Address)						
(City	//State/Zip/Phon	e #)				
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PICK-UP	☐ WAIT	MAIL				
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(Bus	siness Entity Nar	me)				
(Doc	cument Number)					
Certified Copies Certificates of Status						
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Special Instructions to F	-iling Officer:					
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2011 JAN 17 PH & 35
SECKETARY OF STATE

K. SALY
JAN 1 9 26...



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 12, 2017

Order#: 463536-005

Re: STOP AGING NOW LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA XCOA

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.	Na	me of the limited liability company: STOP AGING N	OW LLC	>	
2	(a)	4731 Elm Street, 2nd Floor	(b	1301 Sa	awgrass Corporate Parkway
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	<i></i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Bethesda, MD 20814		Sunrise, I	FL 33004
		02/05/2007		M0700000	00696
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI Services, Inc.			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:
		1200 South Pine Island Road			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					
		Plantation , FL_	33324		FIL.
	(b)	Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>lress</u> :	PH # 35 OF STATE E. FLORID
		1201 Hays Street			ORIDI
		NEW Registered Office Address:			<u> </u>
			<u> </u>		
		Tallahassee , FL	32301		
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			obi <u>nson,</u>	Authorized I	Person on behalf of Wellnext LLC, Member
I h pro the to n	erel visi obli nere ified	by accept the appointment as registered agent and agree of all statutes relative to the proper and complete programment of all statutes relative to the proper and complete programment of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address, I have the proper address of this change to the proper address of the proper address	performe for in C ereby co	ance of my a Chapter 605, Onfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept i.F.S. Or. if this document is being filed the limited liability company has been pet, Asst. Vice President