

M09000002925

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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**LLC REGISTERED AGENT CHANGE
HEALTHSAFE, LLC**

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

FILED
SEP 10 AM 8:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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12 SEP 10 PM 4:13
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J. BRYAN

SEP 11 2012

EXAMINER

9/10/2012

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: HEALTHSAFE, LLC

2. (a) Principal office address of limited liability company: 3435 S. Hopkins Avenue, Ste. #3

(Note: MUST BE STREET ADDRESS)

Titusville, Florida 32780

(b) Mailing address of limited liability company:

3435 S. Hopkins Avenue, Ste. #3

(Note: MAY BE POST OFFICE BOX)

Titusville, Florida 32780

7/29/2009

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

DANIEL KENNA

Registered Office Address:

3435 S. HOPKINS AVE.

SUITE 3

TITUSVILLE FL 32780

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Business Filings Incorporated

NEW Registered Office Address:

515 E. Park Avenue,

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301

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.

Jodi Kenna
Signature of a member or authorized representative of a member

Jodi Kenna, Member

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 608, 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.

Mark Williams
Signature of Registered Agent

Mark Williams, AVP, Business Filings Incorporated

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

DNHS18 (05/08)

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TOTAL P.002