

112000004150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

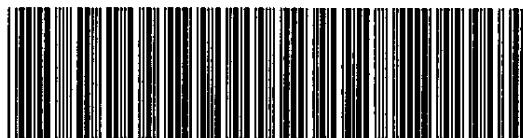
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/15--01018--011 **25.00

FILED

2015 OCT 29 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV -2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wells Healthy Lifestyles, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Stacy Shapiro

Name of Person

Vigent Lifestyles Stores, LLC

Firm/Company

3420 Fairlane Farms Road, Suite 100

Address

Wellington, FL 33414

City/State and Zip Code

arock@tropicomgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Stacy Shapiro at (561) 955-0920

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Wells Healthy Lifestyles, LLC

Enter new principal office address, if applicable: 3420 Fairlane Farms Road
Suite 100
Wellington, FL 33414
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 3420 Fairlane Farms Road
Suite 100
Wellington, FL 33414
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M12000004150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/23/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Vigent Lifestyles Stores, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: William E. McMillen

New Registered Office Address: 3420 Fairlane Farms Road, Suite 200

Enter Florida Street Address

Wellington, Florida 33414
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

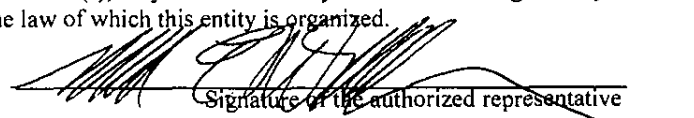
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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CLERK OF SUPERIOR COURT
JANUARY 13 2016

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
William E. McMillen

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

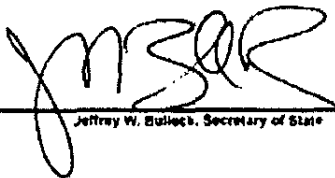
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WELLS HEALTHY LIFESTYLES, LLC", CHANGING ITS NAME FROM "WELLS HEALTHY LIFESTYLES, LLC" TO "VIGENT LIFESTYLES STORES, LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2015, AT 10 O'CLOCK A.M.

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2015 OCT 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5178856 8100
SR# 20150144587

Authentication: 10227051
Date: 10-13-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:00 AM 09/14/2015
FILED 10:00 AM 09/14/2015
SR 20150144587 - File Number 5178856

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

FILED
2015 OCT 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Liability Company: Wells Healthy Lifestyles, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Change the name of the limited liability company to
VIGENT LIFESTYLES STORES, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 10th day of September, A.D. 2015.

By: Colleen S. Shapiro
Authorized Person(s)

Name: Colleen Stacy Shapiro
Print or Type