
01/13/17--01020--017 **25.00

7
8
9
10
11

2017 JAN 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 17 2017

☐ PICK-UP ☐ WAIT ☐ MAIL

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



Tuesday, December 20, 2016

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

VIA FEDEX OVERNIGHT DELIVERY- Tracking ID: 7781 6602 1994

In Re: LiveWell Holdings, LLC
FL Document# M13000004881

Please find enclosed the completed Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida, along with a check in the amount of \$25.00 for the processing fee.

Should you require any further information, please let me know.

Respectfully,

A handwritten signature in black ink, appearing to read "Steven King", written over a horizontal line.

Steven King
Executive Vice President, Chief Compliance Officer
SKing@LiveWellHoldings.net
Direct: 305-455-3862
Facsimile: 954-436-4263

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVEWELL HOLDINGS, 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:

STEVEN KING

Name of Person

LIVEWELL HOLDINGS, LLC

Firm/Company

3640 ENTERPRISE WAY

Address

MIRAMAR, FL 33025

City/State and Zip Code

LICENSING@LIVEWELLHOLDINGS.NET

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

For further information concerning this matter, please call:

STEVEN KING at (305) 455-3862
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: LIVEWELL DIABETES, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

3640 ENTERPRISE WAY

MIRAMAR, FL 33025

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M13000004881

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 08/05/2013

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

5. New name of the limited liability company: _____
(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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

FILED
2017 JAN 13 PM 6:30
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>
MGR	ED LETKO	34 BRIDGE STREET	<input type="checkbox"/> Add
		MILFORD, NJ 08848	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

James Letko
Typed or printed name of signee

Filing Fee: \$25.00