

# MIS000001091

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

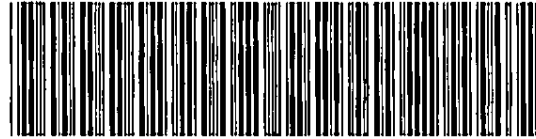
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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2023 SEP 12 PM 4:06

TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 09/12/2023

Name: CHRIS

Reference #: 2117928

Entity Name: NATURAL HEALTH SERVICES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

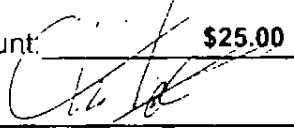
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: NATURAL HEALTH SERVICES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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Name of Person

COGENCY GLOBAL INC.  
Firm/Company

115 North Calhoun Street, Suite 4  
Address

Tallahassee, FL 32301

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City/State and Zip Code

dlittwin@dugganbertsch.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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☐ \$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.*

1. Name of the limited liability company: NATURAL HEALTH SERVICES, LLC

2. (a) 125 SW 3RD PL. STE. 200  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
CAPE CORAL, FL 33991

(b) 125 SW 3RD PL. STE. 200  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
CAPE CORAL, FL 33991

3. 02/02/2015 Date of filing/registration in Florida

4. M15000001091 Document number

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

875 109TH AVENUE N.  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Suite 302  
NAPLES, FL 34108

(b) Cogency Global Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

/S/ James M. Duggan  
Signature of a member or authorized representative of a member

James M. Duggan  
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 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.*

/S/ Sean Chase  
Signature of Registered Agent