

M15000003904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2016
J. HARRIS

PHYLLIS M. TODORO

ATTORNEY AT LAW

P.O. Box 544 • 2340 BOWEN ROAD • ELMA, NY 14059 • PHONE: 716.652.0061 • FAX: 716.652.3512

March 30, 2016

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

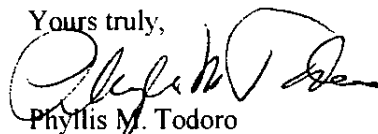
RE: Exceptional Vitality, LLC

Dear Sir/Madam:

Enclosed please find my client's check no 6118 made payable to your office in the amount of \$ 25.00 covering the cost of amending his Registered Office change with the state. Also enclosed is the Cover Letter and Statement of Change.

Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read 'Phyllis M. Todoro', written over the printed name.

Phyllis M. Todoro

Encs.
PMT/mt
Cc: Peter J. Todoro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exceptional Vitality, 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:

Peter J Todaro
Name of Person

EXCEPTIONAL VITALITY, LLC
Firm/Company

17800 Modena Rd
Address

Miramar Lakes, Florida 33913
City/State and Zip Code

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

For further information concerning this matter, please call:

Peter J Todaro at (716) 912-4231
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: EXCEPTIONAL VITALITY, LLC
2. (a) 17800 Modena Rd (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Miramar Lakes, FLA 33913 17800 Modena Rd
33913 Miramar Lakes, FLA 33913
3. 5/13/2015 4. M15000003904
Date of filing/registration in Florida Document number
5. (a) _____ Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) Peter J. Todora
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
17800 Modena Rd
NEW Registered Office Address:
Miramar Lakes, FL 33913

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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.

[Signature]
Signature of a member or authorized representative of a member

Peter J. Todora
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.

[Signature]
Signature of Registered Agent