

MIE 00000000 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

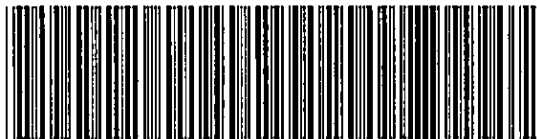
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 NOV -4 PM 1:45

NOV 25 2020

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Future Health NOW, 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:

Deborah K. Saremi

Name of Person

Future Health NOW, LLC

Firm/Company

95 Elm Street, Suite 200

Address

West Springfield, MA 01089

City/State and Zip Code

debbie.saremi@gmail.com

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

For further information concerning this matter, please call:

Deborah K. Saremi

413 5314424
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

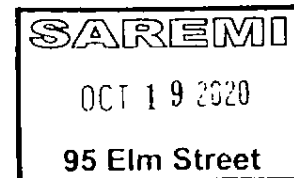
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
20 NOV -6 PM 1:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2020

DEBORAH K. SAREMI
FUTURE HEALTH NOW, LLC
95 ELM STREET, SUITE 200
WEST SPRINGFIELD, MA 01089



SUBJECT: FUTURE HEALTH NOW, LLC
Ref. Number: M18000000099

We have received your document for FUTURE HEALTH NOW, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not make any changes to the registered agent information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00019939

RECEIVED
2020 NOV -4 AM 8:08
DIVISION OF CORPORATIONS

**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: Future Health NOW, LLC

2. (a) _____ (b) Same as Office Location
Principal office address of limited liability company: _____ Mailing address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

95 Elm Street, Suite 200

West Springfield, MA 01089

1/3/2018

M18000000099

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3030 N Rocky Point Dr., Suite 150A, Tampa, FL 33607

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

7901 4th Street N, Suite 300

St. Petersburg, FL 33702

*SAME Registered Agent
NEW ADDRESS*

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

NEW Registered Office Address:

_____, FL _____

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.

Deborah K. Saremi
Signature of a member or authorized representative of a member

Deborah K. Saremi

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 NOV - 4 PM 1:45