

M1800000 4955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

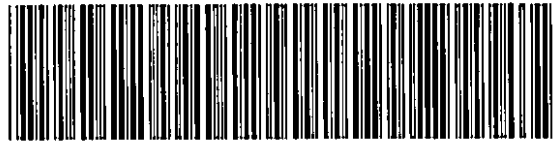
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/18--01008--013 ♦♦35.00

FILED
18 SEP -6 PM 12:32
TALLAHASSEE, FLORIDA

SECTIONS

2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2018

MATTHEW LAURENZO
1306 S COMMUNITY DR
JUPITER, FL 33458

SUBJECT: RENEW VITALITY LLC
Ref. Number: M18000004955

We have received your document for RENEW VITALITY 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00016946

2018 SEP -4 PM 3:01

RECEIVED

I'm not changing the name of the company or jurisdiction. Only correcting some typos and changing registered agent.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renew Vitality 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:

Matthew Laurenzo

Name of Person

Renew Vitality LLC

Firm/Company

1306 S Community Dr

Address

Jupiter, FL 33458

City/State and Zip Code

matt@vitalityhrt.com

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

For further information concerning this matter, please call:

Matthew Laurenzo

917 545-4942
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

☐ \$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

Renew Vitality LLC

State: _____

Enter new principal office address, if applicable: _____

160 Greentree Dr

Ste 101

Dover, DE 19904

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

1306 S Community Dr

Jupiter, FL 33458

(Mailing address

MAY BE A POST OFFICE BOX)

M18000004955

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

Delaware

3. Jurisdiction of its organization: _____

5/21/18

4. Date authorized to do business in Florida: _____

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:

Matthew Lorenzo

Name of New Registered Agent: _____

1306 S Community Dr

New Registered Office Address: _____

Enter Florida Street Address

Jupiter

33458

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.

Matthew Lorenzo

If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kenneth Figueira		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Matthew Laurenzo		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Matthew Laurenzo

Typed or printed name of signee

Filing Fee: \$25.00