

N13000000 7492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

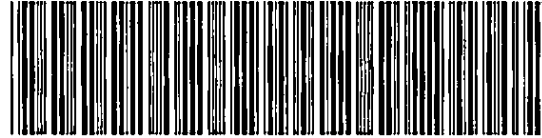
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SECRETARY OF STATE
TALLAHASSEE, FL

2019 FEB 19 PM 6:12

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2019
FEB 19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

STEVEN L. BEUMER
COMMUNITY WELLNESS & HEALTH COOPERATIVE
1000 S. ORLANDO AVE B21
MAITLAND, FL 32751

SUBJECT: COMMUNITY WELLNESS & HEALTH COOPERATIVE, CORP.
Ref. Number: N13000007492

We have received your document for COMMUNITY WELLNESS & HEALTH COOPERATIVE, CORP. 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.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 919A00002505

2019 FEB 10 10:11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Health & Wellness Cooperative, Corp
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:

Steven L. Beumer

Name of Person

Community Health & Wellness Cooperative, Corp

Firm/Company

1000 S. Orlando Ave. B21

Address

Maitland, FL 32751

City/State and Zip Code

LMSAssoc@aol.com

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

For further information concerning this matter, please call:

Cathedra Winston

407-399-9722

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: Community Health & Wellness Cooperative, Corp

2. (a) _____ (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**)

2506 Sandalwood Dr.

Fern Park, FL 32730

8/16/2013

N13000007492

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

5. (a) Steven L. Beumer
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1000 S. Orlando Ave. B21

Maitland, FL 32751

(b) Cathedra Winston
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2506 Sandalwood Dr.

Fern Park, FL 32730

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.

Steven L. Beumer
Signature of a member or authorized representative of a member

Steven L. Beumer

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.

Cathedra Winston
Signature of Registered Agent

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TALLAHASSEE, FL