

PD4000068511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

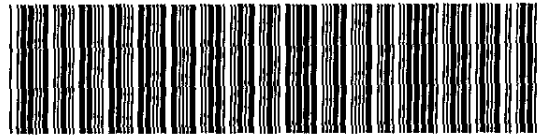
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200062124332

01/31/06--01004- 004

FILED
06 JAN 30 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAIRO
chg.
sf



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2005

Monique Kennedy
Longlife Wellness Centers, Inc.
P.O. Box 7140
Hudson, FL 34674

SUBJECT: LONGLIFE WELLNESS CENTERS, INC.
Ref. Number: P04000068511

We have received your document for LONGLIFE WELLNESS CENTERS, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper
handling.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 305A00074244

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Longlife Wellness Centers, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P04000068511

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique Kennedy

(Name of Contact Person)

Longlife Wellness Centers, Inc.

(Firm/Company)

P.O. Box 7140

(Address)

Hudson, Florida 34674

(City/State and Zip Code)

RECEIVED
DEC 30 AM 8:00
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Monique Kennedy

(Name of Contact Person)

at (813) 239-4085

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Longlife Wellness Centers, Inc.
2. The principal office address: 3115 Providence Road, Lakeland, Florida 33805
3. The mailing address (if different): P.O. Box 7140, Hudson, Florida 34674
4. Date of incorporation/qualification: 4/03 Document number: P04000068511
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Monique Kennedy
3115 Providence Road
Lakeland, Florida 33805

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

13811 Victor Avenue
Hudson, Florida 34667
(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Monique Kennedy, President & CEO
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

December 25, 2005
(Date)

If signing on behalf of an entity:

Longlife Wellness Centers, Inc.
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
06 JAN 30 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA