

PO4000161280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

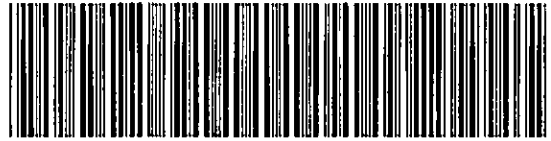
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900376666269

PO change

11/19/21--01005--013 **35.00

FILED
2021 NOV 19 PM 1:31
CLERK OF SUPERIOR COURT
JANESVILLE, WI

A. RAMSEY

DEC 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Health Outlet, Inc
Name of Corporation

DOCUMENT NUMBER: P04000161280

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:

Jeffrey Lee

Name of Contact Person

My Health Outlet, Inc

Firm/Company

8370 NW 10th St, Unit A-6

Address

Miami, FL 33126

City/State and Zip Code

jwlee4925@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Lee

Name of Contact Person

at (941) 586-0089
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: My Health Outlet, Inc
2. The principal office address: 8370 NW 10th St, Unit A-6, Miami, FL 33126

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov 30, 2004 Document number: P04000161280

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey Lee
2020 N. Bayshore Drive, Apt 3404
Miami, FL 33137

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


Jeffrey Lee
8370 NW 10th St, Unit A-6
Miami, FL 33126
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.

 Jeffrey Lee, President
Signature of an officer or director 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.

 Oct 9, 2021
Signature of Registered Agent Date

If signing on behalf of an entity:

Jeffrey Lee, President, My Health Outlet, 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 (04/13)

FILED
2021 NOV 19 PM 1:31
TALLAHASSEE, FLORIDA