

P1300000 1674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

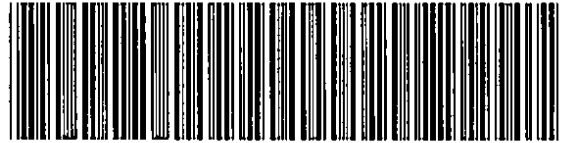
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03/20/20--01010--019 **25.00

04/21/20--01006--002 **10.00

FILED
2020 APR 16 AM 10:03
CLERK OF SUPERIOR COURT
MASSACHUSETTS

APR 21 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 16 PM 4:19

April 3, 2020

DOREEN A CIORDIA
WOMEN'S WELLNESS INSTITUTE, INC
701 LAKEWOODE CIRCLE W
DELRAY BEACH, FL 33445

SUBJECT: WOMEN'S WELLNESS INSTITUTE, INC.
Ref. Number: P13000001674

We have received your document for WOMEN'S WELLNESS INSTITUTE, INC. 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00007253

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Women's Wellness Institute Inc.
Name of Corporation

DOCUMENT NUMBER: P13000001674

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:

Doreen A. Ciordia
Name of Contact Person

Women's Wellness Institute Inc.
Firm/Company

701 Lakewood Cir W
Address

Delray Beach, FL 33445
City/State and Zip Code

Doreen.Ciordia@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doreen Ciordia at (787) 466-1000
Name of Contact Person 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: Women's Wellness Institute Inc.
2. The principal office address: 701 Lakewood Cir W., Delray Beach, FL 33445

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/07/2013 Document number: P13000001674

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)

Doreen A. Ciordia
2015 N. Federal Hwy. Apt. 208
Delray Beach, FL 33444

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

Doreen A. Ciordia
701 Lakewood Cir W
Delray Beach, FL 33445

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TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

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.

Doreen A. Ciordia
Signature of an officer or director

Doreen Ciordia Treasurer
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.

Doreen A. Ciordia
Signature of Registered Agent

4/13/2020
Date

If signing on behalf of an entity:

Doreen A. Ciordia
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)