

P/3000004772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

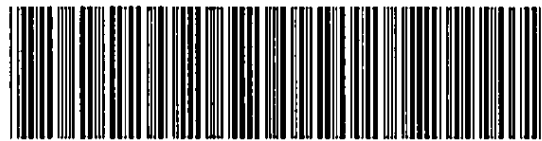
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300313732093

05/25/18 00:11 022 \$835.00

MAY 29 2018

S. YOUNG

FILED
18 MAY 25 PM 12:31
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hollywood Health Center For Longevity Inc.
Name of Corporation

DOCUMENT NUMBER: P13000004772

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:

Kristian Mecoli
Name of Contact Person
Hollywood Health Center For Longevity INC.
~~561-591-8876~~
Firm/Company

210 South Federal Hwy suite 300
Address

Hollywood FL 33020.
City/State and Zip Code

Wholesale2336Hotmg.l.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristian Mecoli at (561) 591-8876 ^{or 305-926 9832.}
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
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: Hollywood Health Center For Longevity Inc.
2. The principal office address: 210 S Federal Hwy Suite 300
Hollywood, FL 33020.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/14/2013. Document number: P13000004772

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)

Resigned
Rocco Mecoli 2650 Greenwood Ten Apt 619
Boca Raton, FL 33431

FILED
MAY 25 PM 12:31
TALLAHASSEE
FLORIDA

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

Kristian Mecoli
210 ^{South} Federal Hwy Suite 300
Hollywood, FL 33020.
P.O. Box NOT acceptable
Kristian Mecoli
210 South Federal Hwy
Suite 300
Hollywood, FL 33020

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]
Signature of an officer or director

Kristian Mecoli President
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]
Signature of Registered Agent

3/23/18
Date

If signing on behalf of an entity:

Kristian Mecoli
Typed or Printed Name

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