

P14000095409

(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



500288300605

11/08/16--01005--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV - 7 AM 8:54

NOV - 9 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Coast Health and Wellness Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000095409

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:

Lori Nikolic

Name of Contact Person

Firm/Company

1219 South East Avenue Suite #301

Address

Sarasota, FL 34239

City/State and Zip Code

DrLori@IMCSRQ.com

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

For further information concerning this matter, please call:

Lori Nikolic

941

225-4327

at ()

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: Gulf Coast Health and Wellness Centers, Inc.
2. The principal office address: 1219 South East Avenue Suite #301
Sarasota, Florida 34239
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/24/2014 Document number: P14000095409

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)

Tracy Vasile — resigned
1219 South East Avenue Suite #301
Sarasota, Florida 34239

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

Lori Nikolic
1219 South East Avenue Suite #301
Sarasota, Florida 34239
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 Tracy Vasile - President / 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.
Signature of Registered Agent 10/01/2016
Date

If signing on behalf of an entity:

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

CD35046 (02/13)

2016 NOV - 7 AM 8:55
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE