

P15000679057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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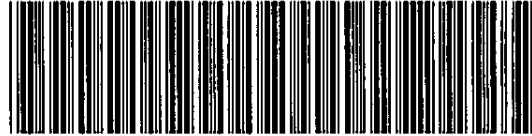
(Business Entity Name)

(Document Number)

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2015 OCT 22 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 23 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BE HAPPY / BE HEALTHY RX, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P15000079057

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:

STEPHANIE C LARIVIERA-TALLERIE

Name of Contact Person

BE HAPPY / BE HEALTHY RX, P.A.

Firm/Company

9546 SEDGEWOOD DR

Address

LAKE WORTH, FL 33467

City/State and Zip Code

stallerie@yahoo.com

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

For further information concerning this matter, please call:

STEPHANIE C LARIVIERA-TALLERIE at 561 305-1616

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: BE HAPPY / BE HEALTHY RX, P.A.
2. The principal office address: 9546 SEDGEWOOD DR  
LAKE WORTH, FL 33467
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/24/2015 Document number: P15000079057

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)

STEPHANIE C LARIVIERA

9546 SEDGEWOOD DR

LAKE WORTH, FL 33467

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

STEPHANIE C LARIVIERA-TALLERIE

9546 SEDGEWOOD DR

P.O. Box NOT acceptable

LAKE WORTH, FL 33467

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

STEPHANIE C LARIVIERA-TALLERIE

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

10/19/2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

STEPHANIE C LARIVIERA-TALLERIE  
\_\_\_\_\_  
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 (03/12)