

P170000 65538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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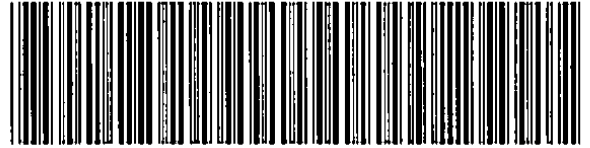
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACTIVE LIFE ANTI-AGING AND REGENERATIVE MEDICINE, PA
Name of Corporation

DOCUMENT NUMBER: P17000065538

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:

ROBERT MANODOLE
Name of Contact Person

ACTIVE LIFE WELLNESS
Firm/Company

8320 W SUNRISE BLVD. SUITE 111
Address

PLANTATION, FL 33322
City/State and Zip Code

ROBDC@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MANODOLE at (954) 296-8473
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

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: ACTIVE LIFE ANTI-AGING AND REGENERATIVE MEDICINE
2. The principal office address: 8320 W SUNRISE BLVD SUITE 111
PLANTATION, FL 33322
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/1/2017 Document number: P1700006553

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)

JESSICA ALLEN

7142 NW 103 AVENUE

TAMARAC, FL 33321

RESIGNED

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

ROBERT HAWOPOLE

9894 SAROVA WINDS DRIVE

P.O. Box NOT acceptable

DELRAY BEACH, FL 33446

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

ROBERT HAWOPOLE
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

7-18-19

Date

If signing on behalf of an entity:

ROBERT HAWOPOLE

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