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COVER LETTER

Registration Section

Division of Corporations

TO:

INHS18 (2/14)

SUBJECT:	Gemma	Winslet	Nail	Lounge	, LLC
		Name of Limited	Liability Con	ipany O	
Dear Sir or Ma	adam:				
The enclosed I	Registered Agent/Regist	tered Office Change an	d fee(s) are s	ubmitted for filing	5.
Please return a	ill correspondence conce	erning this matter to th	e following:		
Mar	ines Cla				
	Name of Pers	on			
Gemu	Firm/Compan	Nail Low	nse		
2569	River Land	ling Dr.	<u>Z. </u>	. ,	
Scm	ford. FL City/State and Zip	32771 o Code			
Mari n E-mail ad	nes. Claud ddress: (to be used for fi	Lio 1 @ 9 uture annual report not	mail.	com	
For further infe	ormation concerning thi	s matter, please call:			
Marines	Claud'o	at (786	Area Cod	12 404 e & Daytime Tele	phone Number
Regist Divisio Cliftor 2661 F	ET/COURIER ADDR ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	R D P	AAILING Al Legistration Solivision of Co LO. Box 6327 Callahassee, F	ection rporations	
Enclosed is a check for the following amount:					
□ \$25	Filing Fee		55 Filing Fe	e & Certified Cop	y

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: Genna Winslet Naic Lounge
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2569 River Landing II Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sanford, FL 32771 Sanford, FL 3277
2		10/21/2016 L 16000 194620
3.5.	(a)	Date of filing/registration in Florida 4. Document number United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		13302 Winding Oak Court A Registered Office Address (MUST) BE FLORIDA STREET ADDRESS)
	(b)	Tampa, FL 33017 Marines Claudio Enter name of NEW Registered Agent and/or NEW Registered Office address: 2569 River Landing Dr NEW Registered Office Address:
		sanford, FL 3277/
the age	cha ent v s/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
	Signat	ture of a member or authorized representative of a member Marines Claudio Printed or typed name of signee
pro the to	ovisi obli mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been a function of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent