

L19000240854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

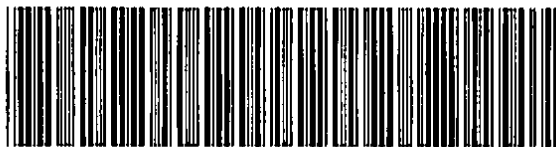
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R. WHITE

DEC 12 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spa Meditations LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margo lansky  
Name of Person

Spa Meditations  
Firm/Company

5379 Lyons Rd #917  
Address

Coconut Creek FL 33073  
City/State and Zip Code

Margolansky@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margo lansky at (561) 440-3483  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

To whom this may concern  
In the process of  
Changing the address  
for public records  
the LLC was dissolved.  
I have an urgent  
Security issue, a  
safety emergency.  
My home address  
was never supposed  
to be on here. It's  
On the internet on  
my name. Please  
Change my home  
address to my  
business address.  
PLEASE!!!  
I have a  
stalker,  
under a  
restraining  
order,  
Permanently.  
Urgent -  
Please  
Change  
Registered Agent  
Address.  
Thank you.

**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.

Name of the limited liability company: Spa Meditations LLC

(a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5379 Lyons Rd #917  
Coconut Creek, FL 33073

5379 Lyons Rd #917  
Coconut Creek, FL 33073

9/24/2019

Date of filing/registration in Florida

L19000240854

Document number

(a) Margo Lansky  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

5379 Lyons Rd #917  
Coconut Creek, FL 33073

(b) Margo Lansky  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

5379 Lyons Rd #917  
Coconut Creek, FL 33073

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the  
change or changes are made, the Florida street address of the registered office and the business office of the registered  
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in  
the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Margo Lansky  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed  
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been  
notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00