L01000019239

(Red	questor's Name)				
(Add	lress)				
(Add	dress)				
proc	11033)				
(City/State/Zip/Phone #)					
C DICK LIB	☐ WAIT	[] MAII			
L FICK-OF	LI WALL	III IMAIL			
(Bus	iness Entity Na	me)			
(Doc	cument Number				
`					
Cardilla d Comina	Cartificate	a of Chabus			
Certified Copies	Centificate	s of Status			
Special Instructions to F	iling Officer:				
1		ľ			
		ļ			

Office Use Only



900074005439

05/08/06--01034--022 **25.00

O6 MAY -8 AM II: 39
SECRETAGE OF STATE
FALLAHASSEE FLORING

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RELAX PARTNERS, 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:
Joyce K. Fergis (Name of Person)
Relax Partners, LLC (Firm/Company)
1995 E. Oakland Park Blvd. Suite 200 (Address)
Ft. Lauderdale, FL 33306 (City/State and Zip Code)
For further information concerning this matter, please call:
Joyce K. Fergis at (954) 630-1808
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$

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

Pursuant to the provisions liability company submits the agent, or both, in the State of	of sections 608.416 or 6 he following statement in If Florida.	108.508, Florida Statutes, i order to change its registe	the undersigned limited red office or registered			
1. The name of the limited l	The name of the limited liability company is: Relax Partners, LLC					
2. The mailing address of the	e limited liability compar	y is : 3100 N. Ocean Blvd	d. #609			
Ft. Lauderdale, FL 33308	}					
Nov. 7, 2001		L010000019239				
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registerer Florida Department of Sta	ite:	office address as shown on	the records of the			
<u>3</u>	Narr Narr 100 N. Ocean Blvd. # Addre t. Lauderdale, FL 333 City, State	609 ess 308	FILED 06 MAY -8 AM SECRETARIANSEE, TALLAHASSEE,			
6. The name and address of	• •	•	Y-8 AMII: 39 Y-8 AMII: 39 HASSEE, FLORIDI			
<u>D</u>	ean J. Trantalis) RE 39			
Name 2255 Wilton Drive						
Florida street address (P.O. Box NOT acceptable)						
W	/ilton Manors, FL	33305				
City, State and Zip						
If the limited liability compace confirmed that after the char and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of the operation of	nge or changes are made, the registered agent will be say confirmed that the changed liability company or as of the limited liability com	he Florida street address of identical. Or, in the case of ge(s) was/were authorized by	the registered office a Florida limited by an affirmative vote			
(Printed or typed name of signee)						

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

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 accept the obligations of my position as registered agent as provided for in Chapter 608, F. Or, if this document is being filed to merely reflect a change in the registered office address, precedy confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)