L05000079164

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Massage Envy of Southwest Florida LLC				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Gordon C. Kaufman (Name of Person)				
Massage Envy of Southwest Florida LLC (Firm/Company)	<u>C</u>			
11054 Wine Palm Rd				
(Address)				
Fort Myers, FL 33912				
(City/State and Zip Code)				
For further information concerning this matter,	, please call:			
Gordon C. Kaufman	at (239) 939-7273			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 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	\$55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limit	ted liability company	is: Massage Envy of Southwest Florida	LLC
2. The mailing address	of the limited liability	y company is : 5743 Long Brake Circ	
Edina, MN 55439			
		10500070404	
08/09/05		L05000079164	
3. Date of filing/registra	ition in Florida	4. Document num	ber
5. The name of the regis Florida Department of	tered agent and the ref	egistered office address as shown of	n the records of the
•	Ashley Dempsey	/	
		Name	•
	1804 Northwest 7	th Avenue	
		Address	
	Gainesville, FL 32	603	75 SE
		ity, State and Zip	
6. The name and address	s of the new registere	d agent and/or office:	FILED 05 DEC 19 PM 3: 5: SECRETALIANASSEE: FLORIC TALLANASSEE: FLORIC
	Gordon C. Kaufm	an	Mc R
	,	Name	ည်း မွ
	11054 Wine Palm Rd		高温 5
	Florida street add	ress (P.O. Box NOT acceptable)	>''' -
	Fort Myers,	FL 33912	
	City	y, State and Zip	
confirmed that after the and the business office of liability company, it is h	change or changes are of the registered agent ereby confirmed that imited liability comparent of the limited liab	red under the laws of the State of Flore made, the Florida street address of twill be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the bility company.	of the registered office of a Florida limited I by an affirmative vote
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir	ointment as registere ons of all statutes rela ind accept the obligat this document is bei m that the limited lial	ed agent and agree to act in this cap utive to the proper and complete pe tions of my position as registered a ing filed to merely reflect a change bility company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent)