

LOS000098249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

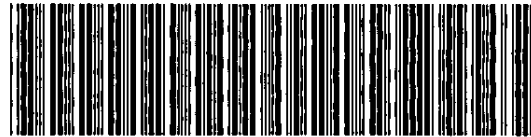
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000254932060

12/23/13--01013--013 \*\*25.00

FILED  
13 DEC 23 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 30 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Take 5 Massage 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:

Jerill J. Myrick

Name of Person

Take 5 Massage LLC

Firm/Company

3105 Lake Arnold Place

Address

Orlando FL 32806-1653

City/State and Zip Code

jaye@take5massage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaye Myrick

Name of Person

at ( 407 ) 896-6740

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. Name of the limited liability company: Take 5 Massage LLC

2. (a) Principal office address of limited liability company: 4214 C LAKE UNDERHILL ROAD  
**(Note: MUST BE STREET ADDRESS)** ORLANDO, FL 32803

(b) Mailing address of limited liability company: P.O. BOX 540252  
**(Note: MAY BE POST OFFICE BOX)** ORLANDO FL 32854-0252

10/05/2005

L05000098249

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: RONALD A. MCCLURE

Registered Office Address: 4214 C LAKE UNDERHILL ROAD  
ORLANDO, FL 32803

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: 3105 Lake Arnold Place  
**(MUST BE FLORIDA STREET ADDRESS)** ORLANDO FL 32806-1653

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.

Jerill J Myrick  
Signature of a member or authorized representative of a member

JERILL J MYRICK

Printed or typed name of signer

*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 608, 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.*

7. Ronald A. McClure  
Signature of Registered Agent

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

**FILING FEE: \$25.00**