## 206000090595

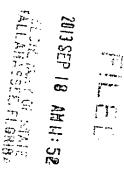
(Re	questor's Name)	AND LONGING AND A SECOND
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Space Coast Sal	Ions LLC Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Sheila King	70L		
Name of Person	ACCOUNT OF THE PERSON OF THE P		
Space Coast Salons LL	C Signature		
Firm/Company			
3241 Arden Circle			
Address			
Melbourne, FL 32934			
City/State and Zip Code			
scsalons@yahoo.com			
E-mail address: (to be used for future annual report r	notification)		
For further information concerning this matter, please call:			
Sheila King	at (321 ) 543-4890		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng 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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered			
1. Name of the limited liability company: Space Coast Salons L	LC			
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1912 Highway A1A Unit 104 Indian Harbour Beach, FL 32937-3523			
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	3241 Arden Circle Melbourne, FL 32934			
09/15/2006	L06000090595			
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:	Sheila King			
Registered Office Address:	1635 Thoreau Street Titusville, FL 32780			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3241 Arden Circle  Melbourne ,FL 32934			
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.  Shella W. King				
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the provisions of the prand I am familiar with and accept the obligations of my particular to the provisions, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.			

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