

#L07000116196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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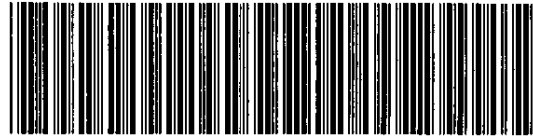
(Business Entity Name)

(Document Number)

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EXAMINER

DEC 27 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2012

VAN SCOIK & WOLTIL LLP  
MINA P. WOLTIL  
2348 SUNSET POINT RD, STE. A  
CLEARWATER, FL 33765

SUBJECT: SALON STUDIOS OF TAMPA BAY, LLC  
Ref. Number: L07000116196

We have received your document for SALON STUDIOS OF TAMPA BAY, LLC and your check(s) totaling \$220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 512A00028712

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALON STUDIOS OF TAMPA BAY, 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:

MINA P. WOLTIL

Name of Person

VAN SCOIK & WOLTIL LLP

Firm/Company

2348 SUNSET POINT ROAD, SUITE A

Address

CLEARWATER, FL 33765

City/State and Zip Code

MPWOLTILCPA@YAHOO.COM

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

For further information concerning this matter, please call:

MINA P. WOLTIL

Name of Person

at ( 727 )

400-4741

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: SALON STUDIOS OF TAMPA BAY, LLC

2. (a) Principal office address of limited liability company: 8686 131ST STREET, SUITE C

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

SEMINOLE, FL 33776

(b) Mailing address of limited liability company:

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

11/16/2007

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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:

WOLTIL AND COMPANY, CPAS

Registered Office Address:

10707 66TH STREET N, SUITE E

PINELLAS PARK, FL 33782

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

NEW Registered Agent:

VAN SCOIK & WOLTIL LLP

NEW Registered Office Address:

2348 SUNSET POINT ROAD, SUITE A

**(MUST BE FLORIDA STREET ADDRESS)**

CLEARWATER, FL 33765

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.

x Katie Kaffai

Signature of a member or authorized representative of a member

KATIE KAFFAI, MGRM

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 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.*

[Signature]

Signature of Registered Agent

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

FILING FEE: \$25.00