# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone

: (800)494-3124

: (561)455-9885

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### IDEAL LIFE HYPNOSIS CENTER, LLC

Certificate of Status	0
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T. HAMPTON

MAY 1 9 2008

**EXAMINER** 

Help

H- 08000131345-3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, 	IDEAL	LIFE HYPNOSIS	CENTER, LLC		
	(.	(Present Name) A Florida Limited Liability	Company)		
FIRST:	The date of filing of the arti	cles of organization was	05/15/08	·	
SECOND:	The following amendment(s) to the articles of organization was/were adopted by the limited liability company:				
	HEREBY KARIN A CRENSHAW IS RESIGNING AS MGRM.				
	HEREBY JOHN H GRAHAM, 2101 VISTA PARKWAY STE 126, WEST PALM BEACH				
	FL 33411 IS APPOINTED AS REGISTERED AGENT.				
	HEREBY JOHN H GRAHAM'S ADDRESS HAS CHANGED TO 2101 VISTA PARKWAY				
	STE 126, WEST PALM BEACH, FL 33411.				
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	of a mature of a ma	collector authorized re	presentative of a member		
		JOHN H GRAHA	ı <i>M</i>		
	<u> </u>	Typed or printed name of		<del>-</del>	

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H-08000131345:

#### IDEAL LIFE HYPNOSIS CENTER, LLC

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

- Jakoba Baran

JOHN H GRAHAM/ Registered Agent's Signature

OR HAY 16 AM 10: 15
SECRETARY OF STATE
TAIL ANASSEE FLORIDA