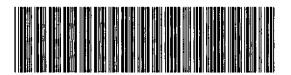
## L0900042468

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	, <del>.</del>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700251012737

08/28/13--01009 -010 \*\*25.00

13 AUG 28 AM 11: 50

SECRETARY OF STATE OF CORPORATIONS

Al OF

9-12-13

## COVER LETTER

TO: Registration Section **Division of Corporations** 

## FUSION SPA SALON OF ALABAMA, 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:

Charles L. Hoffman, Jr.

Name of Person

Shell, Fleming, Davis & Menge, P.A.

Firm/Company

226 Palafox Place, 9th Floor

Address

Pensacola, FL 32502

City/State and Zip Code

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

For further information concerning this matter, please call:

Charles L. Hoffman, Jr.

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.

5,,		
1. Name of the limited liability company: FUSION SPA SA	LON OF ALABAMA, LLC	
2 (a) Drivainal office address of limited liability and	TO COLOR OF THE CO	,
2. (a) Principal office address of limited liability com ( <i>Note: MUST BE STREET ADDRESS</i> )	PENSACOLA, FL 32526	· · · · · · · · · · · · · · · · · · ·
(Note: MOST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:	2044 PIN HIGH DR	<u> </u>
(Note: MAY BE POST OFFICE BOX)	PENSACOLA, FL 32526	A SEC
		JG 2
0.1/0.1/0.00		28 FARE
04/30/2009	L09000042468	
3. Date of filing/registration in Florida	4. Document number	1.04%
5 (a) Danistani 1 A 1 D 1 C		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida D	ept. of State:5
Registered Agent:	LITVAK, KRAMER A	co.
registered rigent.		
Registered Office Address:	26 E. GOVERNMENT STREET	
_	PENSACOLA, FL 32502	
	•	
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office addre	ess:
NEW Registered Agent:	Charles L. Hoffman, Jr.	
NEW D ' 4 1000 A 11		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Shell, Fleming, Davis & Menge, P.A.  226 Palafox Place, 9th Floor	
(MUST BE FLORIDA STREET ADDRESS)	Pensacola	FL 32502
		,1 L
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of the address of the address. Or, in the case of a Fl ge(s) was/were authorized by an erwise provided in the articles of	registered office orida limited
Printed or typed name of signee  Liberally accept the appointment as registered agent of	and agree to got in this canacity	I further garage to
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	na agree to act in this capacity, e proper and complete perform by position as registered agent a merely reflect a change in the pany has been notified in writing	ance of my duties, is provided for in registered office in of this change.
Signature of Registered Agent		

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