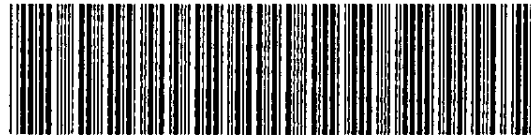


L09000050327



300194165413

02/17/11--01021--010 **25.00

(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

FILED
11 FEB 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 18 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOCELYN BEAUTY CENTER & SPA 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:

 JOCELYN CARMEN DIAZ
Name of Person

 JOCELYN BEAUTY CENTER & SPA LLC
Firm/Company

 11552 CRESTLAKE VILLAGE DR
Address

 RIVERVIEW, FL 33569
City/State and Zip Code

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

For further information concerning this matter, please call:

 JOCELYN CARMEN DIAZ at (813) 741-1265
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.

1. Name of the limited liability company: JOCELYN BEAUTY CENTER & SPA LLC

2. (a) Principal office address of limited liability company: 6502 S. US 301 HWY #1-03

(Note: **MUST BE STREET ADDRESS**) Riverview, FL 33578

(b) Mailing address of limited liability company: 11552 CREST LAKE VILLAGE DR

(Note: **MAY BE POST OFFICE BOX**) RIVERVIEW, FL 33669

05/22/2009

L09000050327

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: JOCELYN RODRIGUEZ

Registered Office Address: 11552 CRESTLAKE VILLAGE DR
RIVERVIEW, FL 33569

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

NEW Registered Agent: JOCELYN CARMEN DIAZ

NEW Registered Office Address: _____
(**MUST BE FLORIDA STREET ADDRESS**) _____, FL _____

FILED
11 FEB 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Joelyn Carmen Diaz
Signature of a member or authorized representative of a member

JOCELYN CARMEN DIAZ

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.

Joelyn Carmen Diaz
Signature of Registered Agent

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

FILING FEE: \$25.00