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C. LEWIS

MAY 1 7 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:	Improving Bodies, LLC
N	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Lourdes Rive	∋ro
Improving Bodies	s, LLC
1286 NE 95 St Address	reet
Miami Shores, FL City/State and Zip Co	_33138
Lulyr@improvingboo E-mail address: (to be used for future and	dies.com
For further information concerning	this matter, please call:
Lourdes Rivero Name of Person	at (305) - 720-6812 Area Code & Daytime Telephone Number
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	
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 ragent, or both, in the State of Florida.

1. Name of the limited liability company:	Improving Bodies, LLC.
2. (a) Principal office address of limited liability company	: 1286 NE 95 Street
(Note: MUST BE STREET ADDRESS)	Miami Shores, FL 33138
(b) Mailing address of limited liability company:	as above
(Note: MAY BE POST OFFICE BOX)	- FC 3
June 16,2009	L09000058490 5 17
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of state:
Registered Agent:	Legal Zoom . Com Inc
Registered Office Address:	Registered Agent Division TOB3 Hollywood Blvd, Ste 180 Hollywood, CH 90028
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Lourdes Rivero
NEW Registered Office Address:	1286 NE 95 Street
(MUST BE FLORIDA STREET ADDRESS)	Miami Shores ,FL33138
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if his document is being filed to me address, I hereby confirm that the limited liability company Signapare of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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

INHS18 (05/08)