

L09000089383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

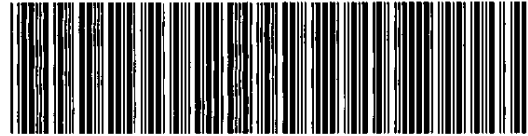
Special Instructions to Filing Officer:

**L. SELLERS**

SEP - 1 2010

**EXAMINER**

Office Use Only



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08/31/10--01026--007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 31 PM 3:52

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Body Talk Bath & Beauty, 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:

LuAnn Murphy

Name of Person

Body Talk Bath & Beauty, LLC

Firm/Company

322 N Federal Hwy STE 236

Address

Deerfield Beach, FL 33441

City/State and Zip Code

cocoxo007@yahoo.com

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

For further information concerning this matter, please call:

Melissa Murphy

Name of Person

at ( 561 )

306-6311

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: Body Talk Bath & Beauty, LLC

2. (a) Principal office address of limited liability company: 322 N Federal Hwy STE 236

☒ (Note: **MUST BE STREET ADDRESS**) Deerfield Beach, FL 33441

☐ (b) Mailing address of limited liability company: \_\_\_\_\_

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

4/20/10 3. Date of filing/registration in Florida L09000089383 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CorpDirect Agents, INC

Registered Office Address: 515 East Park Avenue  
Tallahassee, FL 32301

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

**NEW** Registered Agent: LuAnn Murphy

**NEW** Registered Office Address: 322 N Federal Hwy Ste 236  
**(MUST BE FLORIDA STREET ADDRESS)** Deerfield Beach, FL 33441  
,FL

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.

Signature of a member or authorized representative of a member

Melissa Murphy

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 of Registered Agent

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

FILING FEE: \$25.00

FILED  
JUN 31 PM 3:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE