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	<u> </u>
(Requestor's	Name)
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(Business E	ntity Name)
(Document N	Jumber)
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SECRETARY OF STATE
PAUL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
·					
SUBJECT: Diovalique World of Beauty Ilc					
Name of L	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to the following:				
Pearl Oliver					
Name of Person					
Diovalique World of Beautyllo	<u> </u>				
10610 n. 30th street suite 35	f				
Tampa ,fl 33612 City/State and Zip Code					
pearl3696@yahoo.com E-mail address: (to be used for future annual report no	tification)				
For further information concerning this matte	r, please call:				
Pearl Oliver	at (813) 841 9990				
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. N	ame of the limited liability company:	Diovalique World of Beauty Ilc			
2. (a	2. (a) Principal office address of limited liability company:		10610 n. 30th st	reet suite	∋ 35f
	(Note: MUST BE STREET ADDRESS)	Tampa	a, Florida 33612		
(b) Mailing address of limited liability company:		10610 n. 30th stree	et suite 3	5f
	(Note: MAY BE POST OFFICE BOX)	<u> rampa</u>	,Florida 33612		
	12/01/09		L0900011428	3	
3. D	ate of filing/registration in Florida	4. Docu	ment number		
5. (a	a) Registered Agent and Registered Office shown of	on the recor	ds of the Florida Dep	t. of State	:
	Registered Agent:	Darryl	Townsend		
	Registered Office Address:	23930 ⁻	1 blvd east e		<u>.</u>
		Brader	nton, Florida 34208		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Regis		:	
	NEW Registered Office Address:	<u>10610</u>	10610 n. 30th street suite35f		
	(MUST BE FLORIDA STREET ADDRESS)	Tampa	1	,FL336	12
and the liabil of the or the Signatu	limited liability company is not organized under the remed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability company or as other of a member or authorized representative of a member Pearl Oliver I or typed name of signee The provisions of all statutes relative to the law in the provisions of all statutes relative to the law ith the provisions of all statutes relative to the law ith the provisions of the limited liability company is some fine to the law it is being filed to	ne laws of the Florida strentical. Or, e(s) was/we nerwise pro	he State of Florida, it eet address of the reg in the case of a Flori re authorized by an a vided in the articles	is hereby istered of da limited formative forganization of the control of the con	vote ation
Signat	ure of Registered Agent				

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