

**L10000012169**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

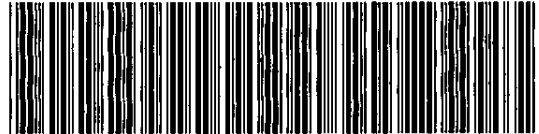
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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02/25/10--01016--009 \*\*55.00

**FILED**  
**2010 FEB 25 AM 11:01**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

*Mar 1 2010*

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kneaded Escape Massage 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:

Nancy Swanson

Name of Person

Kneaded Escape Massage LLC.

Firm/Company

1964 NE 24th ST

Address

Jensen Beach

City/State and Zip Code

nancyswanson@comcast.net

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

For further information concerning this matter, please call:

Nancy Swanson

Name of Person

at ( 772 )

530-1504

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: Kneaded Escape Massage LLC

2. (a) Principal office address of limited liability company: 2565 NE Indian River Drive

☒

(Note: **MUST BE STREET ADDRESS**)

Jensen Beach Florida 34957

☒

(b) Mailing address of limited liability company:

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

1964 NE 24th ST  
Jensen Beach Florida 34957

February 02, 2010

L10000012169

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:

Nancy Swanson

Registered Office Address:

650 NW Alice Ave  
Stuart Florida 34994

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

**NEW** Registered Agent:

Nancy Swanson


**NEW** Registered Office Address:

2565 NE Indian River Drive

(**MUST BE FLORIDA STREET ADDRESS**)

Jensen Beach, FL 34957

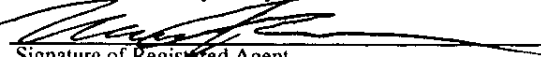
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Nancy Swanson

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  
2010 FEB 25 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FL