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C. LEWIS

APR 1 2013

EXAMINER

Registration Section TO: **Division of Corporations** 

## **SUBJECT:** AURA Florida Lounges 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:

#### Erica Herman

Name of Person

### AURA Florida Lounges

Firm/Company

#### 101 S. Eola drive

Address

#### Orlando/Florida 32801

City/State and Zip Code

## erica@aurabar.com

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

For further information concerning this matter, please call:

#### Erica Herman

at (407) 451-4685

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 , $^{\bullet}$ BQTH 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: AURA Florida Loui	nges LLC
2. (a) Principal office address of limited liability compa	
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32801
(b) Mailing address of limited liability company:	101 S. Eola Drive suite c
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32801
(1.0000 1.2122 2.222 2.222	
FULL	110000039426
5/15/10	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Jesse Newton
B	20
Registered Office Address:	101 S. Eola Drive suite c
	Orlando, Florida 32801
	- S. 2 1
	SEE OF FILE
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:
	9.50
NEW Registered Agent:	Erica Herman
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 S. Folo Priva quito o
	101 S. Eola Drive suite c Orlando, Florida 32801
	.FL
If the limited liability company is not organized under th	e 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 ide	entical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the changed the members of the limited liability company or as other	(s) was/were authorized by an arrimative vote of
the operating agreement of the limited liability company.	
Thus I	
Signature of a member or authorized representative of a member	
5	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further agree to
and I am familiar with and accept the obligations of my	position as registered agent as provided for in
comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	nerely reflect a change in the registered office
address, I hereby confirm that the limited Hability compo	my nas veen nounea in writing of this change.
Cump 100	
Signature of Registered Agent	

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