

L10000046885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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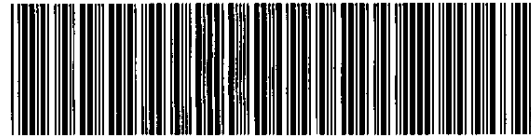
(Business Entity Name)

(Document Number)

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T. CLINE

AUG 31 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celebration Spa Ventures
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:

Monica Barber
Name of Person

Firm/Company

901 Blue Sage Street
Address

Celebration, Florida 34747
City/State and Zip Code

mnbarber@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Barber at (407) 566-2810
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Celebration Spa Ventures

2. (a) Principal office address of limited liability company: 605 Front Street



(Note: MUST BE STREET ADDRESS)

Celebration, Florida 34747



(b) Mailing address of limited liability company:

901 Blue Sage Street



(Note: MAY BE POST OFFICE BOX)

Celebration, Florida 34747

05/03/2010

3. Date of filing/registration in Florida

L10000046885

4. Document number

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

Registered Agent:

Elaine C Pouliot

Registered Office Address:

141 East Park Drive

Celebration, Florida 34747

(b) Enter name of NEW Registered Agent and/or NEW Registered Office Address

NEW Registered Agent:

Monica Barber

NEW Registered Office Address:

901 Blue Sage Street

(MUST BE FLORIDA STREET ADDRESS)

Celebration

FL34747

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.

Elaine C. Pouliot

Signature of a member or authorized representative of a member

Elaine C. Pouliot

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.

Monica Barber

Signature of Registered Agent