110000108895

(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.					
Special instructions to Filling Officer.					

Office Use Only



200415883672

09/18/23--01040--029 **100.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Mobile Laser Slimming LLC			
.,01,,11	CT:Name of Limited Liability Company			
Dear Si	r or Mađam:			
The end	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for tiling.	
Please (return all correspondence concernin	ig this matter to the	e following:	
Terry J	Ward Sr.			
	Name of Person			
Mobil I	Laser Slimming			
	Firm/Company			
1980 N	Atl. Ave Suite 930A			
	Address			
Cocoa I	Beach FL 32931			
	City/State and Zip Co	de		
TerryjV	Vard@gmail.com			
E	-mail address: (to be used for future	annual report not	ification)	
For fur	ther information concerning this ma	tter, please call:		
Terry J		321 at (290-4886	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	wing amount:		
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy	
INHS18	(2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

I. Na	me of the limited liability company: Mobile Laser S	Slimming	
2. (a)	1980 N. ATLANTIC AVENUE, SUITE 930A	1980 ? (b)	N. ATLANTIC AVENUE, SUITE 930A
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	COCOA BEACH, FL 32931		A BEACH, FL 32931
	10/19/2010	 L10000	108895
3, 5. (a)	Date of filing/registration in Florida WARD, TERRY JUDSON, II	4.	Document number
(117	Registered Agent and Registered Office shown on the records 1980 N. ATLANTIC AVENUE, SUITE 930A	s of the Florida Dept, of	State:
	Registered Office Address (MUST BE FLORIDA STREE	2023 SEP	
	Cocoa Beach	FL 32931	
(b)	Terry Judson Ward St.		
•••	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address;	5:40
	1980 N. ATLANTIC AVENUE, SUITE 930A		편 0
	NEW Registered Office Address:		
	Cocoa Beach	FL_32931	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of organization or the operating agreement of the o	the registered office I liability company, rs of the limited liab the limited liability (and the business office of the registered it is hereby confirmed that the change(s) sility company or as otherwise provided in company.
Signal	ture of a member or authorized representative of a member		Prished or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and ons of all statutes relative to the proper and complete igations of my position as registered agent as providy reflect a change in the registered office address, I in writing of this change.	etc performance of i ided for in Chapter (ny duties, and i am familiar with and accept 605, F.S. Or, if this document is being filed
Signatur	re of Registered (gent		
augnatu	re of Registered gent		

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