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ALLAHASSEE, FLORIDA

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#### **COVER LETTER**

	, ,
TO:	Registration Section
	Division of Corporations

SUBJECT: Flawless Skin, Ilc

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:

## Jennifer T. Mignano

Name of Person

#### Flawless Skin, Ilc

Firm/Company

## 14323 Miramar Parkway

Address

#### Miramar, Florida 33027

City/State and Zip Code

### jennifer@flawlessskin101.com

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

For further information concerning this matter, please call:

## Jennifer Mignano

...954

661-1007

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.	Nar	ne of the limited liability company: Flawless Skin, Ilc	
2.	(a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	2300 N Commerce Parkway Suite 317
			Weston, FI 33326
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
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_	10/201		L10000117254
٤.	Dat	e 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:	Flawless Skin, IIc
		•	
Registered Office Address:		Registered Office Address:	2300 N. Commerce Parkway
			Suite 317 Weston, FI 33326
	(b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address:
		NEW Registered Agent:	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14323 Miramar Parkway
		IMOST BET EGRIPATSTREET ADDRESS	Miramar FL 33027
co an lia the the	nfirm d the bilit e me e ope	imited liability company is not organized under the lend that after the change or changes are made, the Fie business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.  The of a member or authorized presentative of a member	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
		or typed name of signee	
co an Cl	here mply d I d japid dres	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me as, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.

Signature of Registered Agent