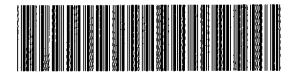
## 110000120407

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
. (Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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05/10/11--01012--012 \*\*25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

T. CLINE

MAY 11 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons						
SUBJECT: ZON WALK IN BATHS, LLC								
		Name of Limi	ted Liab	ility Cor	прапу			
Dear	Sir or Madam:							
The e	nclosed Registered Age	nt/Registered Offic	e Chang	ge and fee	e(s) are submitted for fil	ling.		
Please	e return all corresponde	nce concerning this	matter (	o the fol	lowing:			
	R. BROOKS CA	ASEY, ESQUIRE						
	Name of	Person						
		CASEY, P.A.				<b>7.</b> .	~	
	Firm/Co	прапу				SECR		ح المنابع عام
		USEWAY				RETARY OF NHASSEE,	2011 FLAY 1 0	Secure of marked to
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		BEACH, FL 32169	)	<del></del>		OR A	<u>2</u>	
	City/State and	d Zip Code				¥0.	PM 12: 32	
E	bcasey@wrigh	tandcasey.com	ation)	_				
For fu	urther information conce	rning this matter, p	lease ca	H:				
			•					
	R. BROOKS CASE	r, ESQ. at	<u> 386</u>		428-3311			
	Name of Person			Area Cod	e & Daytime Telephone Number	er		
	STREET/COURIER A	DDRESS:	M	AILING	ADDRESS:			
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			gistration					
				Corporations				
			O. Box 63					
	Tallahassee, Florida 323		14	manassee	, Florida 32314			
	Enclosed is a check f	or the following an	nount:					
	\$25 Filing Fee		☐ s	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.

agoin, or com, in the state of 1 tortale.					
1. Name of the limited liability company:	ZON WALK IN BATHS, LLC				
2. (a) Principal office address of limited liability comp	pany: 1 TROPICAL LANE				
(Note: MUST BE STREET ADDRESS)	DAYTONA BEACH, FL 32118				
(b) Mailing address of limited liability company:	1 TROPICAL LANE				
(Note: MAY BE POST OFFICE BOX)	DAYTONA BEACH, FL 32118				
11/18/2010	L10000120407				
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:	PALMETTO CHARTER SERVICES, INC				
Registered Office Address:	150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114-US				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>					
NEW Registered Agent:	R. BROOKS CASEY, ESQUARE				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	WRIGHT & CASEY, P.A. 340 N. CAUSEWAY 25 19 NEW SMYRNA BEACH \$\phi \text{32169}				
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited hability company or as of or the operating agreement of the limited liability comp	e Florida street address of the registered office lentical. Or, in the case of a Florida limited				
JAMIK.	<del></del>				
Signature of a member or authorized representative of a member					
TERENCE DMITH					
Printed or typed name of signee  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and 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 comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.				

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

INHS18 (05/08)