## L10000131412

(Re	equestor's Name)			
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RARD/Ch8 (10-5, 6.15

## 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.

2 507 1004.	10	1 2 .	_
1. Name of the limited liability co	ompany: MEYSTONE	Auro BATH, LL	<u> </u>
2. (a)	UN HIGHWAY	(b) P.O. Box 1	8271_
Principal office address of	flimited liability company:	Mailing address of limited	
_	STREET ADDRESS)	(Note: MAY BE POST	OFFICE BOX)
ODE SSA,	EL .	TAMPA, FO	·
3:	3556	336	.79
	•		
12/27/	2010	L1000013	14/2
3. Date of filing/regis	tration in Florida 4.	Document-number -	
5. (a) * REGISTERE	es de eur Rec	16080 02/19/2019	- *L
Registered Agent and Registered	Office shown on the records of the Fl	orida Dept. of State:	3 N
, , , , , , , , , , , , , , , , , , ,	•	•	
Registered Office Address (M	UST BE FLORIDA STREET ADDR	(FCC)	
rogistered Office Address (III	OOT BE LECKIDA STREET ADDA	1-4.	
<u> </u>		<del></del>	
	. FI.		, m-1
•			
(b) <b>DAVIO</b> 6.	SCHOEWE		WISION OF CONVISION OF APR 29
	Agent and/or NEW Registered Offic	e address:	PR ANT
•	; ·		2 32
_2985 KA	CONCHA DR.		
NEW Registered Office Address			PH IZ:
CLEARWAT	ER FL 337	767	2. 重
	<del></del>		5
	TT		
If the limited liability company is n	not organized under the laws of	the State of Florida, it is hereby cor	firmed that after
the change or changes are made, the	e Florida street address of the	registered office and the business of ty company, it is hereby confirmed to	fice of the registered hat the change(s)
was/were authorized by an affirmation	tive vote of the members of the	limited liability company or as other	erwise provided in
the articles of organization or the o	perating agreement of the limi		
March. M	house	DAVID 6. SCI	YOEWE
Signature of a member or authorized rep	•		
I hereby accept the appointment a provisions of all statutes relative to	s registered agent and agree to the proper and complete perf	o act in this capacity. I further agree formance of my duties, and I am fam	e to comply with the iliar with and accept
the obligations of my position as re	egistered agent as provided for	ormance of my duties, and I am fam in Chapter 605, F.S. Or, if this doc by confirm that the limited liability o	cument is being filed company has been
rotified in writing of this change.	Sister of Spirito action Edg., 1 Here:	of to an intermediate	y may mad boom
alust sile	hu		
Signature of Registered Agent	· · · · · · · · · · · · · · · · · · ·		

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