## 111000035870

(Requestor's Name)				
	•			
(Ad	dress)			
(Address)				
(Cit	ry/State/Zip/Phone #)	<del></del>		
,				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
<b>(</b>	,			
<u> </u>	cument Number)			
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Certified Copies	_ Certificates of S	Status		
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## **COVER LETTER**

	egistration Section ivision of Corporations	-	. ক*			
SUBJECT	VITALIZE AMBIANCE, LLC  Name of Limited Liability Company					
Déar Sir o	r Madam:					
The enclo	sed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing	g.		
Please reti	urn all correspondence concerning th	nis matter to the	following:			
KEVINA	SATTERFIELD					
	Name of Person		<u> </u>			
VITALIZ	E AMBIANCE, LLC					
	Firm/Company		<del></del>	18		
433 Pla	za Real			FILED NUG 20 PH		
	Address			SEE B		
Suite 2	75 Boca Raton, Florida, 3343	2		FILED  AUG 20 PH 4: 33  (CHANASSEE TOURDA		
	City/State and Zip Code		<del>_</del>	υ ω		
info@vit	alizeambiance.com					
E-m	ail address: (to be used for future an	nual report notif	fication)			
For furthe	r information concerning this matter	, please call:				
KEVINA	SATTERFIELD	305	709-0383			
	Name of Person		Area Code & Daytime Tele	ephone Number		
R6 D C1 26	egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re Di P.G	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314			
E	nclosed is a check for the following	g amount:				
	\$25 Filing Fee	<b>2</b> \$:	55 Filing Fee & Certified Cop	ру		

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.

1.	Na	me of the limited liability company: VITALIZE AME	BIANCE	E, LLC	
2. (	(a)	433 Piaza Real	(b) 433 Plaza Real		
(	,	Principal office address of limited liability company:	_ (5)	Mailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS) Suite 275		(Note: MAY BE POST OFFICE BOX)	
		June 273	_	Suite 275	
		Boca Raton, Florida, 33432	_	Boca Raton, Florida, 33432	
		3/24/2011	_	L11000035870	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	KEVINA SATTERFIELD			
	(,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
		4302 Hollywood Blvd.		7. 78	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		122			
		Hollywood	33020	ASSELLA	
		, FL		• 1	
	(b)	KEVINA SATTERFIELD		등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
·	, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office add	ress:	
		433 Plaza Real			
		NEW Registered Office Address:		<del></del>	
		Suite 275			
		Boca Raton FL 3	33432		
the age was the	cha nt w /we arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized epresentative of a member	s of the S he regist pility cor the limi mited li	tered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
I he pro the to n noti	erek visio obli iere fieo	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pleations of myposition as registered agent as provided by reflectfalchange in the registered office address. I he is in writing of this change.	e to act i erforma for in Ci reby coi	in this canacity. I further agree to comply with the	