L110000048634

·					
(Requestor's Name)					
(Address)					
(Address)					
(133,333)					
City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
b.v.					

Office Use Only



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12/03/12--01044--001 **220.00

SECRETARY OF STATE AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER THE 4 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE			EDLANDER, LLC	
	. Name o	f Limited	Liability Company	
Dear S	r or Madam:			
The en	closed Registered Agent/Registered	l Office C	hange and fee(s) are submit	tted for filing.
Please	return all correspondence concerni	ng this ma	tter to the following:	
	MINA P. WOLTIL			
	Name of Person			
	VAN SCOIK & WOLTIL L	LP_		
	Firm/Company			
	2348 SUNSET POINT ROAD,	SUITE A		
	Address	<u> </u>	<u>.</u>	IAS:
				Z D
	CLEARWATER, FL 337	65		
City/State and Zip Code				SECRETARY OF STATE ALLAHASSEE, FLORIO
				<u>,</u>
	MPWOLTILCPA@YAHOO	.СОМ		STATE
E-r	MPWOLTILCPA@YAHOO nail address: (to be used for future annual repo	rt notification	1)	
For fur	ther information concerning this m	atter, plea	se call:	∌
	MINA P. WOLTIL	at (
	Name of Person		Area Code & Daytime Tele	phone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building 2661 Executive Center Circle		P.O. Box 6327	1
	Tallahassee, Florida 32301		Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ving amo	unt:	
	\$25 Filing Fee		\$55 Filing Fee & Certi	fied 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. Name of the limited liability company:	JEANNE FRIEDLANDER, LLC				
2. (a) Principal office address of limited liabili	ty company: 8686 131ST STREET				
(Note: MUST BE STREET ADDRES	SALON 300 SEMINOLE, FL 33776				
(b) Mailing address of limited liability comp	pany: 14114 HETRICK CIRCLE N				
(Note: MAY BE POST OFFICE BOX	LARGO, FL 33774				
04/25/2011	L11000048634				
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:	WOLTIL AND COMPANY, CPAS				
Registered Office Address:	10707 66TH STREET N, SUITEM				
	PINELLAS PARK, FL 33782 P				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address					
NEW Registered Agent:	VAN SCOIK & WOLTIL LIPS				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADD	2348 SUNSET POINT ROAD, SUITE A				
	CLEARWATER ,FL33765				
confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	I under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization ty company.				
Signature of a member of authorized representative of a memb					
Printed or typed name of signee					
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable	agent and agree to act in this capacity. I further agree to we to the proper and complete performance of my duties, ns of my position as registered agent as provided for in I filed to merely reflect a change in the registered office ity company has been notified in writing of this change.				

Signature of Registered Agent