

L110000049135

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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EXAMINER



200237023172

07/02/12--01024--004 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -2 AM 11:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spafreshing, LLC.
Name of Corporation

DOCUMENT NUMBER: L11000049135

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C. Hawley
Name of Contact Person

Spafreshing LLC
Firm/Company

4630 So. Kirkman Rd Suite 616
Address

Orlando, FL 32811
City/State and Zip Code

Info@Spafreshing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deana Rossi at (407) 780-8040
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
12 JUL -2 AM 11:11

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS LLC**

608

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Spa Freshing LLC
2. The principal office address: 11725 Regal Ridge Lane
Clermont, FL 34711
3. The mailing address (if different): 4630 So. Kirkman Rd Suite 106
Orlando, FL 32811
4. Date of incorporation/qualification: 4/26/2011 Document number: L11 000049135
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael C. Hawley
13200 W. Newberry Rd EE 175
Newberry, FL 32669

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Hawley
11725 Regal Ridge Lane
Clermont, FL 34711

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Michael C. Hawley Pres
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6-28-12
Date

If signing on behalf of an entity:

Michael C. Hawley
Typed or Printed Name

*** FILING FEE: \$35.00 ***