

L110000085644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

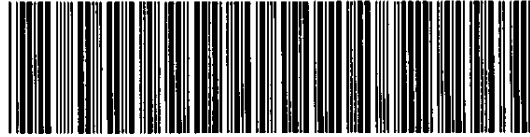
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@ 3/9/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cuticare Products LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy E. Knight

\_\_\_\_\_  
Name of Person

Cuticare Products, LLC

\_\_\_\_\_  
Firm/Company

6500 N. Socrum Loop Rd, Suite 200

\_\_\_\_\_  
Address

Lakeland / FL

\_\_\_\_\_  
City/State and Zip Code

timothy.knight@cuticareproducts.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronnie Bayless

at ( 813 )

716-4855

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$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 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. Name of the limited liability company: Cuticare Products, LLC

2. (a) 6500 N. Socrum Loop Rd, Suite 100 (b) 6500 N. Socrum Loop Rd, Suite 100

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Lakeland, FL 33809

Lakeland, FL 33809

3. Date of filing/registration in Florida

4.

Document number

5. (a) July 25, 2011 / L11000085644

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Ronnie E. Bayless

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4113 N Forbes Rd

Plant City, FL 33565

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Timothy E. Knight

NEW Registered Office Address:

6500 N. Socrum Loop Rd, Suite 100

lakeland, FL 33809

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ronnie E. Bayless  
Signature of a member or authorized representative of a member

Ronnie E. Bayless

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Timothy E. Knight  
Signature of Registered Agent