L11000087360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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13 OCT -4 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skin Cave by Donna
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:

Donna Schroder
Name of Person

Skin Cave by Donna
Firm/Company

12336 Mayberry Rd
Address

Spring Hill FL 34609
City/State and Zip Code

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

For further information concerning this matter, please call:

Donna Schroder at (352) 678-6043
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

INHS18 (5/08)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2013

DONNA SCHRODER
12336 MAYBERRY RD
SPRING HILL, FL 34609

SUBJECT: SKIN CARE BY DONNA LLC
Ref. Number: L11000087360

We have received your document for SKIN CARE BY DONNA LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 813A00022293

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: Skin Cave by Donna LLC

2. (a) Principal office address of limited liability company: 191 E. Jefferson St Brooksville FL 34601

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 12336 Mayberry Rd Spring Hill, FL 34609

(Note: MAY BE POST OFFICE BOX)

7/29/11
3. Date of filing/registration in Florida

L11000087360
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: USCorp, Agents Inc

Registered Office Address: 13302 Winding Oak Ct. Suite A Tampa FL 33612.

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Registered Agents Inc.

NEW Registered Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa ,FL 33607
(MUST BE FLORIDA STREET ADDRESS)

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.

Donna Schroder
Signature of a member or authorized representative of a member

Donna Schroder
Printed or typed name of signee

FILED
13 OCT -4 PM 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, 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.

Dan Keen-President
Signature of Registered Agent

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

INHS18 (05/08)