

(Requestor's Name)					
(Address)					
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				





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13 MAR 25 AM IO: O

B. BOSTICK
MAR 2 6 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Facials by Linda Name of Lin	nited Liahil	ity Company	<del></del>			
Name of Lin	inted Liabit	ity Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submit	ted for	filing.		
Please return all correspondence concerning the	is matter to	the following:				
Linda Principe		•				
Name of Person		_				
Facials by Linda						
Firm/Company		_				
96 Terrace Rd						
Address				<b>S</b> 4.	<u></u>	
Tarpon Springs, FL 3468	9				13 H&R 25	-29,24
City/State and Zip Code		_		ASS S	25	7.3744
I.principe.facials@gmail.d	om			111	AM 10: 0	
E-mail address: (to be used for future annual report not	fication)				0:0	- Contract
For further information concerning this matter,	, please call	:	Pa,	A	=	
Linda Principe	at (352	942-0987	•			
Name of Person		Area Code & Daytime Tele	phone Ni	ımber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 3231	4			
Enclosed is a check for the following	amount:					
□ \$25 Filing Fee	□ \$4	55 Filing Fee & Certi	fied Co	nnv		

## 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: Facials by Lin	ida (New Name) Linda's Skin Care Stu	dio					
2 (a) Principal office address of limited liability over	mmans :: 96 Tarrago Pd						
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	Tarpon Springs, FL 34689						
(Note: MUSI BE STREET ADDRESS)	Tarpon Springs, FL 34009						
(b) Mailing address of limited liability company:	96 Terrace Rd						
(Note: MAY BE POST OFFICE BOX)	Tarpon Springs, FL 34689						
	****						
04/29/2012	L11000130769	L11000130769					
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office show	n on the records of the Florid	a Dept. of State:					
Registered Agent:	Linda Principe						
Paristared Office Address:	96 Terrace Rd	Arr 3					
Registered Office Address:	Tarpon Springs, FL 34689	nie VIII-					
		угения					
		SE OF F					
(b) Enter name of <b>NEW Registered Agent</b> and/or	r <u>NEW Registered Office ad</u>						
NEW Registered Agent:	Linda Principe						
NEW Registered Office Address:	Linda's Skin Cara Studio	A GII					
(MUST BE FLORIDA STREET ADDRESS)		Linda's GRIT Care Studio					
,	Tarpon Springs	FL34689					
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a age(s) was/were authorized by the provided in the article.	he registered office a Florida limited y an affirmative vote of					
Printed or typed name of signee  I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed a cadress, I hereby confirm that the limited liability con	and agree to act in this capac he proper and complete perfo ny position as registered age	city. I further agree to ormance of my duties, nt as provided for in					
Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	to merely reflect a change in nearly has been notified in wi	the registered office riting of this change.					

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

Signature of Registered Agent

To whom it may concern;

I just want to make sure I am filling out the correct form, I would like to change my business LLC name and address.

Old name is; Facials by Linda LLC

New name is; Linda's Skin Care Studio LLC

Old address is; 96 Terrace Rd, Tarpon Springs, FL 34689

New address is 535 E Orange St, Tarpon Springs, FL 34689

If you have any questions please feel free to contact me at:

Linda Principe (352)942-0987

Thank You,

Linda Principe

TALLAHASSLE FLORIGA