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SECRETARY OF STATE
ALL ANA SEEF FINANCE

J. BRYAN
JUN - 4 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: De 30 Name of Elm	ddess Solm ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mattale Campbell Name of Person	TALLE T
De goddess Salva Firm/Company	EXASSEE, FLOR
120 Alexandria Bled, Svi	4 13 P. 59
Ovicho FL 32765 City/State and Zip Code	
Legoldessalan O Yahn. Co	cation)
For further information concerning this matter,	please call:
Mathale Campbell at	(407) S42-4902 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 a	mount:
\$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 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: De 40	ldess Salon LLC	
2. (a) Principal office address of limited liability compan	y: 120 Alexandria Blyd	
(Note: MUST BE STREET ADDRESS)	Svite 13 Oxicdo FL. 32765	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
Movember 30, 2011	L11000 134930 3	
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: United States Corporation Agent, INC.	
Registered Agent:	13302 Winding Oak Court A	
Registered Office Address:	Glandales Co 91203	
	Janpa 1-12 33612	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Mattalee Campbell	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	120 Alexandria Blvd Svite 13 Oviedo FL 32765	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization	
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 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.

Signature of Registered Agent

يوالية الجواهم