L12000039607

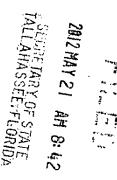
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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J. SAULSBERRY EXAMINER MAY 22 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: Massage Works by Co				
		Name of Limited	d Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/F	Registered Office	Change and fee(s) are subm	itted for filing.
Please	e return all correspondence	concerning this m	atter to the following:	
	Constance Bac	con-White		
	Name of Person	on		
	Massage Works by			7A 2
	Firm/Compan	у		
				HA MA
-	6520 Brentwo	od Drive		SS
	Address		"	m < -
				F. F. S
				20.5
	Zephyrhills, Flor			8: 2: TATE ORID
	City/State and Zip	Code		N N
E	wwhite81@tampa -mail address: (to be used for future	abay.rr.com annual report notification	on)	
For fi	urther information concerning	ng this matter, ple	ase call:	
	Constance Bacon-Wh	nite at (813) 312	-3130
	Name of Person		Area Code & Daytime Tel	lephone Number
	STREET/COURIER ADD	DRESS:	MAILING ADDRESS:	
	Registration Section Registration Section			
	Division of Corporations Division of Corporations			
	Clifton Building P.O. Box 6327			
	2661 Executive Center Circ	le	Tallahassee, Florida 3231	4
	Tallahassee, Florida 32301			
	Enclosed is a check for t	the following amo	ount:	
	✓ \$25 Filing Fee		\$55 Filing Fee & Cert	ified 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:	Massage Works by Connie, LLC		
2. (a) Princ	cipal office address of limited liability comp	oany: Massage Works by Connie, LLC		
(<u>Na</u>	ne: MUST BE STREET ADDRESS	37301 Chapel Hill Loop Zephyrhills, Florida 33542		
(b) Mai	ling address of limited liability company:	Massage Works by Connie, LLC		
(<u>Na</u>	ote: MAY BE POST OFFICE BOX)	6520 Brentwood Drive Zephyrhills, Florida 33452		
	March 19, 2012	L12000039607		
3. Date of	filing/registration in Florida	4. Document number		
5. (a) Reg	sistered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
Reg	istered Agent:	Constance Bacon-White		
Reg	istered Office Address:	6520 Brentwood Drive Zephyrhills, Florida 33542 Z		
<u>NE</u>	er name of <u>NEW Registered Agent</u> and/or <u>l</u> <u>W</u> Registered Agent: <u>W</u> Registered Office Address:	NEW Registered Office address STA OD TO THE MASSAGE Works by Connie		
	UST BE FLORIDA STREET ADDRESS)	37612 Daughtery Road		
		Zephyrhills ,FL33541		
confirmed t and the bus liability cor of the mem	npany, it is hereby confirmed that the chang	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization		
	nember or authorized representative of a member			
* *	Constance Bacon-White			
I hereby ac comply with and I am fa Chapter 60 address, I h	cept the appointment as registered agent and the provisions of all statutes relative to the miliar with and accept the obligations of my 8, F.S. Or, if this document is being filed to be be confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.		

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

Constance Cocon-1
Signature of Registered Agent