## L12000103782

| (Requ                                   | uestor's Name) |             |  |  |  |  |
|---|----------------|-------------|--|--|--|--|
| (Addr                                   | ess)           |             |  |  |  |  |
| (Addr                                   | ess)           |             |  |  |  |  |
| (City/                                  | State/Zip/Phon | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL ,      |  |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |  |
| (Document Number)                       |                |             |  |  |  |  |
| Certified Copies                        | Certificate    | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |

· Office Use Only --



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

'JAN 13 2015 T. CARTER

## **COVER LETTER**

TO:

INHS18 (2/14)

| · ·  | stration Section<br>sion of Corporations  |                 |  |  |  |  |
|--|---|-----------------|--|--|--|--|
| Restorative Touch Mobile Massage & Spa Services, LLC |   |                 |  |  |  |  |
|  | Name of Limited Liability Company   |                 |  |  |  |  |
| Dear Sir or M  | Madam:  |                 |  |  |  |  |
| The enclosed   | d Registered Agent/Registered Offic   | ce Change an    | d fee(s) are submitted for filing.   |  |  |  |
| Please return  | all correspondence concerning thi   | s matter to the | e following:   |  |  |  |
| Michele C  | Carroll   |                 |  |  |  |  |
|  | Name of Person  |                 |  |  |  |  |
| Restorativ   | e Touch Mobile Massage & S  | pa Service      | s, Li_C  |  |  |  |
|  | Firm/Company  |                 |  |  |  |  |
| 4014 E.Ca  | ardinal Pines Dr  |                 |  |  |  |  |
|  | Address   |                 |  |  |  |  |
| Mascotte,  | FL 34753  |                 |  |  |  |  |
|  | City/State and Zip Code   |                 |  |  |  |  |
| mick2318   | @earthlink.net  |                 |  |  |  |  |
| E-mail   | address: (to be used for future ann   | ual report not  | ification)   |  |  |  |
| For further i  | nformation concerning this matter,  | please call:    |  |  |  |  |
| Michele C  | Carroll   | 352             | 409-2804   |  |  |  |
|  | Name of Person  |                 | Area Code & Daytime Telephone Number   |  |  |  |
| Reg<br>Divi<br>Clif<br>266                           | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | R<br>D<br>P     | AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Fallahassee, Florida 32314 |  |  |  |
| Enc  | 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. N                                  | ame of the limited liability company: Restorative  | Touch I  | Mobile Ma  | ssage & Spa Serv   | ices, L   | LC   |
|---------------------------------------|--|--|--|--|---|--|
|                                       |  |  |  |  |   |  |
| 2. (a)                                | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  |  | Mailing address of limited   | d liability o                                   | company:   |
|                                       | 4014 E Cardinal Pines Dr   |  | 4014 E   | Cardinal Pines Dr  | •   |  |
|                                       | Mascotte, FL 34753   |  | Mascot   | te, FL 34753   | · —   |  |
|                                       | 08/13/2012   |  | L120001  | 03782  |   |  |
| 3.                                    | Date of filing/registration in Florida   | 4.   |  | Document number  |   |  |
| 5. (a)                                | United States Corporation Agents, Inc  |  |  |  |   |  |
| J. (a)                                | Registered Agent and Registered Office shown on the records  | of the Flori   | da Dept. of Sta  | te:  |   |  |
|                                       | United States Corporation Agents, Inc  |  |  |  |   |  |
|                                       | Registered Office Address (MUST BE FLORIDA STREE   | T ADDRES   | <u>SS)</u>   | _  |   |  |
|                                       | 13302 Winding Oak Court A  |  |  |  | 15  | Z <sub>S</sub>   |
|                                       | Tampa  | <sub>FL</sub> 3361:                                  | 2  |  | JAN   | ECRET  |
|                                       | ,  |  |  | <del></del>  | 2   | ASS  |
| (b)                                   |  |  |  | _  | 72  |  |
|                                       | Enter name of NEW Registered Agent and/or NEW Register   | red Office a   | ddress:  |  | ÷:  | FEC.   |
|                                       | Michele C Carroll  |  |  |  | 16  | ATE<br>)RIDA   |
|                                       | NEW Registered Office Address:   |  |  | _  |   | _  |
|                                       | 4014 E Cardinal Pines Dr   | •••  |  | _  |   |  |
|                                       | Mascotte   | <sub>FL</sub> 3475                                   | 3  |  |   |  |
| If the                                | limited liability company is not organized under the   | laws of th   | e State of F   | –<br>lorida it is hereby co  | nfirmed :                                       | that after   |
| the ch<br>agent<br>was/w              | ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street and the street address.              | of the reg<br>liability<br>s of the li<br>he limited | gistered office<br>company, it<br>mited liabili            | ce and the business of<br>is hereby confirmed to<br>ty company or as other<br>mpany.                     | ffice of the that the c                         | ne registered<br>hange(s)                                |
| Sign                                  | ature of a member or authorized representative of a member   |  |  | Printed or typed name of   | of signee                                       |  |
| provis<br>the ob<br>to men<br>notifie | eby accept the appointment as registered agent and a<br>sions of all statutes relative to the proper and comple<br>digations of my position as registered agent as provi-<br>rely reflect a change in the registered office address,<br>and in writing of this change. | agree to a<br>de perfor<br>ded for in<br>I hereby    | ct in this cap<br>mance of my<br>Chapter 60<br>confirm tha | pacity. I further agre<br>oduties, and I am fam<br>15, F.S. Or, if this doc<br>t the limited liability o | e to com<br>piliar with<br>cument is<br>company | ply with the<br>h and accep<br>s being filed<br>has been |