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(Requestor's Name)			
(Address)			
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(City(Chata/Tia/Dhana th)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations			
SUBJECT: <u>Suilding Bones and</u> Name of Lim	d Balance, LLC		
/ Name of Lim	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
The state of the s	,		
Cara Egius ti			
Name of Person			
Building Bones and Balance, LLC Firm/Company			
Firm/Company			
1835 E Hallandale Beach	Blvd. # 560		
Address			
Hallandale, FL 33009			
City/State and Zip Code			
•			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, please call:			
Name of Person	Area Code & Daytime Telephone Number		
realite of i cison	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	. ananasoo, i torioa 52517		
Enclosed is a check for the following amount:			
	☐ \$55 Filing Fee & Certified Conv		

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:	ones and Balance, LLC	
	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	: 1835 E Hallandale Beach Blud	
		# 560 Hallandale Beach, FC 33009	
		Hallandale Beach, FC 33009	
	(b) Mailing address of limited liability company:	1835 E Hallandale Beach Blvd	
	(Note: MAY BE POST OFFICE BOX)	# 560 Hallandale Beach, Fc 33009	
		Hallandale Black, FC 33009	
	10/24/2012	L12000 133034 AEC	
3.	Date of filing/registration in Florida	4. Document number 全面 第 T	
		BA - F	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	Registered Agent:	US Corporation Agents 12.	
	Registered Office Address:	Suite A Tampa FL 334/2	
	Registered Office Address.	Suite 4	
		Tampa FL 336/2	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
	<u>NEW</u> Registered Agent:	lara Giusti	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1835 E Hallandale Beach Blvd	
		# 560	
		# 560 Hallandale Bch FL 33009	
00	the limited liability company is not organized under the infirmed that after the change or changes are made, the F d the business office of the registered agent will be ident bility company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise operating agreement of the limited liability company.	larida atreat address of the registered office	
	nature of a member or authorized representative of a member	_	
Sig	nature of a member or authorized representative of a member		
_	Cara m Giusti	_	
Pri	nted or typed name of signee		
III con an Ch ad	nereby accept the appointment as registered agent and amply with the provisions of all statutes relative to the production of my postable to the production of the production	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
	Cara M. Siusti		
Sig	nature of Registered Agent		

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