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(Re	equestor's Name)				
(A	ddress)				
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PICK-UP	MAIT	MAIL			
(Bi	usiness Entity Nar	ne)			
(Do	ocument Number)				
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. HARRIS

COVER LETTER

Division of Corporations							
SUBJECT:	all Nass Spa of Limited Liability Company						
Name of Limited Liability Corhpany							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
Anais Cartagana Ba Name of Person Hand Yana							
4911 Scanic Vista dr. Address	v a ==(a						
Saint Cloud Fl. 3 City/State and Zip Code) 111						
Yana well ness pa @ gmail. a E-mail address: (to be used for future annua	I report notification)						
For further information concerning this matter, pl	ease call:						
Anais Cartagana Bouta Name of Person	at (407) 733 44 02 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 amount:							
1 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.	Na	me of the limited liability company: Yana Wa	+lln4s	s Spi	a L.L.C.	
2.		1911 Sanic Vista dr.	_ (b)	(1-1	Scanic	lista dr.
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited li	
		(NOTE: MUST BE STREET AUDICESS)		· · —	Cloud	FFICE BUX
		Saint Cloub +1,39++1.	_	Dain		<u>F1. 39++</u>
		6/28/1/3				_
		Juna 108/17	_	(130	00093898	<u> </u>
3.		Date of filing/registration in Florida	4.	Γ	Document number	
5.	(a)	Angis J. Cartagena Boute				
	` '	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of State:		
		4911 Scanic Vista dr.				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			
					7	22
		Soint doud	342	1-2-1		T - 19
			<u> </u>		PA HA	2
	(b)	Carman Dama Bonille	<u> </u>		ASSI VSSI	5 F
Enter name of NEW Registered Agent and/or NEW Registered Office address:					₹ [[]	
		1780 Sundanca d.C.			STATE 'LORIDA	- S
		NEW Registered Office Address:			DE A	Quant
		•				
		Saint Cloud, FL	347	71		
If t	he li	mited liability company is not organized under the laws	s of the S	state of Flor	ida, it is hereby confi	rmed that after
the	cha	nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab	he regist	ered office a	and the business offic	e of the registered
wa	s/we	re authorized by an affirmative vote of the members of	the limit	ed liability	company or as otherv	
the	arti	cles of organization or the operating agreement of the li	imited lia	bility comp	any.	Q T
	ionat	use of a member or authorized representative of a member		Anais :	Printed or typed marine of s	ionee
I k	ereb	ay accept the appointment as registered agent and agree	e to act i	n this canac	ity. I further agree to	o comply with the
pro the	ovisio	ons of all statules relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he	erforma for in Cl	nce of my di hapter 605	ities, and I am familie F.S. Or. if this docum	ar with and accept nent is being filed
to i	mere Hien	ly reflect a change in the registered office address, I he in writing of this change/	reby cor	firm that th	e limited liability con	npany has been
1	" / I	men Boula				
Sig		e of Registered Agent				