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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 13 2014 T. CARTER

LLC RATRO Change

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Salon Envy Name of Lin	Of Naples LLC nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Kety Torres Name of Person			
Firm/Company			
1171 9th Street Sh Address	<u> </u>		
Naples: F2 34117 City/State and Zip Code			
E-mail address: (to be used for future annual report	faloo COM enotification)		
For further information concerning this matter, please c	all:		
Kety Torres at (239 440 - 4990 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:			
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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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	ame of the limited liability company: Salon Enuy of Naple	es ilc
2. (a)	Principal office address of limited liability company: Mailing address of lin	idge Road #16 nited liability company: OST OFFICE BOX
	;; x)	
2	April 1, 2014 L1400005	<u> </u>
3.5. (a)		er
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4075 Pine Ridge Road Waples FLORIDA STREET ADDRESS!	
		SECF TALLL 14 (
	, FL	FILED STATE LLAHASSEE, FLORI 4 OCT 30 PH 12: 4
(b)	Kety Torres	SEE P
-	Enter name of NEW Registered Agent and/or NEW Registered Office address:	F1.01 F1.02:
	4075 Pine Ridge Road #16	5 REF
	NEW Registered Office Address:	
	Naples ,FL 34119	
the cha agent v was/we the arti		s office of the registered ed that the change(s) otherwise provided in
I here provisi the obi to mer notifie	educe of a member of authorized representative of a member Printell or typed na reby accept the appointment as registered agent and agree to act in this capacity. I further a rions of all statutes relative to the proper and complete performance of my duties, and I am it is a statute of a st	