<u>L14000057014</u>

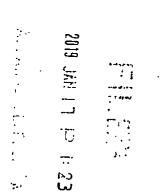
| (Requestor's Name) | | | | | | | |
|---|----------------|-------------|--|--|--|--|--|
| | dress) | | | | | | |
| | dress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| ertified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Tao Spa Group, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Roland Lassiter | | | | | | |
| Name of Person | | | | | | |
| Tao Spa Group, LLC | | | | | | |
| Firm/Company | | | | | | |
| 726 6th Street | | | | | | |
| Address | | | | | | |
| Migmi Beach FL 33139 | | | | | | |
| City/State and Zip Code | | | | | | |
| Spa & tao spa grap .com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Roland Lassiter at (305) 401 - 5800 | | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 | | | | | | |
| 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. N | ame of the limited liability company: | Spa | Group, | uc | | |
|--------------------------------|--|---|---|---|--|---------------------------------|
| 2. (a) | 726 - 6th Street | _ (b) _ | | | | |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (°). | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 726 6th Street | | 726 | 6+h 5 | treet | |
| | Miami Beach, FL 33139 | | mia | mi Benc | h, FL | 33139 |
| | | | LI | 1 0000 | 57014 | |
| 3. | Date of filing/registration in Florida | 4. | Doci | ument numbe | :r | |
| 5. (a) | Roland Lassiter | | | | | |
| ` , | Registered Agent and Registered Office shown on the records of the | e Florida D | ept. of State: | | | |
| | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AD | DDRESS) | | | | |
| | 726 612 STreet | | | | | |
| | miami beach ,FL | B 317 | 3 9 | | 201 | |
| 41. | | | | | 2019 JAN | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered (| Office addr | <u>253</u> : | ? | . E | i anterior Parterior |
| | 726 6th Street Ro | profe | Lassite | · | IJ | |
| | NEW Registered Office Address: | | | <i>Ş</i> . | 7. | • • • |
| | 726 6th Street | | | : . S | in Fig | |
| | Miami Beach ,FL | 331 | 39 | | | |
| the charge agent was/w the art | limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited of a member or authorized representative of a member obv accept the appointment as registered agent and agree lines of all statutes relative to the proper and complete policy of the appointment as registered agent and agree lines of all statutes relative to the proper and complete policy. | he registe bility com the limite imited lial | red office and pany, it is here ed liability company Roland Print at this capacity. | the business eby confirmed apany or as of the business of the | office of the distance of the control of the contro | e registered nange(s) ovided in |
| to mer notifie | ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change. Tho Land house | jor in Ch ereby con | apter 605, r.S. firm that the li | . Or, ij inis d mited liability | v company | veing juea has been |

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

Signature of Registered Agent