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DIVISION OF CORPORATION

C. LEWIS

JUL 2 9 2014

EXAMPLE:

;		COVER LETTER					
	gistration Section vision of Corporations		•				
SUBJECT	VIVID I SPA LLC		•				
SOBJECT	Name of Limited Liability Company						
Dear Sir or	Madam:		•				
The enclos	ed Registered Agent/Registered Of	fice Chang	ge and fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning th	his matter	to the following:				
			• *				
JIAN BO							
	Name of Person						
VIVID I S							
	Firm/Company		•				
11062 IN	ITERNATIONAL DR STE# 15	6					
	Address		 ,				
ORLAND	OO , FL 32821						
	City/State and Zip Code						
VIVIDISF	PAORLANDO@GMAIL.COM						
E-ma	il address: (to be used for future an	nual repor	t notification)				
For further	information concerning this matter	, please ca	ıll:				
JIAN BO	LIU	40	7 \ 35017601				
	Name of Person	at (Area Code & Daytime Telephone Number				
ST	REET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building			P.O. Box 6327				
	61 Executive Center Circle		Tallahassee, Florida 32314				
1 a .	llahassee, Florida 32301						
En	closed is a check for the following	g amount:					
	\$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	ame of the limited liability company: VIVID I SPA	LLC								
2. (a)	13018 PRAIRIE MEADOWS DR			(b) 13018 PRAIRIE MEADOWS DR						
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liab (Note: MAY BE POST OF		•				
	ORLANDO FL 32837			ORLANDO, FL,32837						
	04/11/2014		L	L14000059516						
3.	Date of filing/registration in Florida	4.		Document number						
5. (a)	JIAN BO LIU		_							
	Registered Agent and Registered Office shown on the records o 13018 PRAIRIE MEADOWS DR	of the Flori	da I	Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>(2.2</u>	1						
		<u>_</u>		· · · · · · · · · · · · · · · · · · ·	=======================================	 1944				
	ORLANDO , F	L 3283	7		1 JUL 1	<u></u>				
(b)	JIAN BO LIU				21					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ıddı	<u>lress</u> :	E S	- 1985 - 1985 - 1985				
	11062 INTERNATIONAL DR STE# 156	•			2։ կ5	ATE				
	NEW Registered Office Address:	•	_		ഗ	<u>2.</u>				
	ORLANDO ,F	L3282	1							
Signa I here provise the obit to mernotified	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age in so of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. Division of Corporations P.O.	of the regliability of the limited gree to a gree to a gree for in the recy	gist cor mit l lia ct i mai	stered office and the business office impany, it is hereby confirmed that the diability company or as otherwise iability company. JAN BOLIA Printed or typed name of sign in this capacity. I further agree to since of my duties, and I am familiar chapter 605, F.S. Or, if this docume on firm that the limited liability comp	of the reg he chang se provid	gistered e(s) ed in				
FILING FEE: \$25.00										

INHS18 (2/14)