L14006 149795

	Samuala Manas			
(Requestor's Name)				
(A	(ddress)			
`	,			
(Address)				
	C. (O) 1 ET. (D) (0			
(C	City/State/Zip/Phone #)	l		
PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
(0	Occument Number)			
Certified Copies	Certificates of	Status		
Contined Copies	Octanidates of	<u></u>		
Special Instructions t	o Filing Officer:			
Special Instructions to Filing Officer:				
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COVER LETTER

	,					
TO:	Registration Section ' Division of Corporations	3	-			
SUBJE	ComfortArm Cosmetics					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	aclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the	following:			
Steph	nanie Howard					
	Name of Person		_			
Comi	fortArm Cosmetics, LLC	,				
	Firm/Company					
	. ,					
3894	36th Terrace South, 21A					
	Address					
Saint	Petersburg, FL 33711					
-	City/State and Zip Code					
steph	naniehoward658@msn.com					
F	E-mail address: (to be used for future annu	ual report notif	ication)			
For fur	rther information concerning this matter,	please call:				
Steph	nanie Howard	912 at (610-2624			
	Name of Person	ar (Arca Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee	□ \$5	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 section's 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

Na	me of the limited liability company: ComfortArm C		
(a)	Stephanie Howard	(b) Phi	llip Weems
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3894 36th Terrace South, Apt. 21A	293	33 61st Avenue South
	Saint Petersburg, FL 33711	Sail	nt Petersburg, FL 33712
	09/24/2014	L140	000149795
	Date of filing/registration in Florida	4.	Document number
(a)	Stephanie Howard		
(4)	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:
	Authorized Member		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	3894 36th Terrace South, Apt. 21A		
	Saint Petersburg , FL	33711	ALS:
(b)	Stephanie Howard		ORETAL AND THE
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address	SS C
	Authorized Member		PM 12: 08
	NEW Registered Office Address:		
	3894 36th Terrace South, Apt. 21A		
	Saint Petersburg .FL	33711	
cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered ability compan f the limited li limited liability	office and the business office of the regist by, it is hereby confirmed that the change(s iability company or as otherwise provided

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