

L15 000006014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

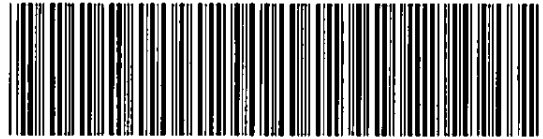
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2024-03-08 AM 6:43
STATE
TALLAHASSEE, FL

S. HUNT

03/08/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amazing Massage 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:

Lilin Su

Name of Person

Amazing Massage LLC

Firm/Company

1115 Rainwood Circle West

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

jws3817@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Stevens

561

504-1301

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2008-08-08 AM 6:43
STATE
TALLAHASSEE, FL
ED

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. Name of the limited liability company: Amazing Massage LLC
2. (a) 11670 US Highway 1, Suite 116
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Palm Beach Gardens, FL 33408
- (b) 1115 Rainwood Circle West
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Palm Beach Gardens, FL 33410
3. 01/12/2015 Date of filing/registration in Florida
4. L15000006014 Document number

5. (a) Lilin Su
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
36 Yacht Club Dr Apt 205
North Palm Beach, FL 33408

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- Lilin Su
- NEW Registered Office Address:**
1115 Rainwood Circle West
Palm Beach Gardens, FL 33410

2015 JAN 12 - 9 AM 6:43
DIV OF STATE
TALLHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lilin Su
Signature of a member or authorized representative of a member

Lilin Su
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lilin Su
Signature of Registered Agent