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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ GLO   AESTHETICS   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:

_____ STEPHEN   SAKER _____
Name of Person

_____ SASFLO   ENTERPRISES   INC. _____
Firm/Company

_____ 2916   LOBELIA   DR. _____
Address

_____ LAKE   MARY   FL   32746 _____
City/State and Zip Code

_____ SASFLO @ GMAIL . COM _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ STEPHEN   SAKER _____ at (407) 257 - 8883 _____
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following 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. Name of the limited liability company: _GLO AESTHETICS LLC_

2. (a) _____
    Principal office address of limited liability company:
    (Note: MUST BE STREET ADDRESS)

    155 MIDDLE ST. #1051

    LAKE MARY, FL 32746

    (b) _____
    Mailing address of limited liability company:
    (Note: MAY BE POST OFFICE BOX)

    2916 LOBELIA DR.

    LAKE MARY, FL 32746

3. _9/18/15_
    Date of filing/registration in Florida

4. _L15000159188_
    Document number

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

    Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

    226 MAPLEBROOK DR.

    ALTAMONTE SPRINGS. , FL _32714_

    (b) _____
    Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

    STEPHEN SAKER
    NEW Registered Office Address:

    2916 LOBELIA DR.

    LAKE MARY , FL _32746_

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.

_____
Signature of a member or authorized representative of a member

STEPHEN SAKER
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.

_____
Signature of Registered Agent

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

INHS18 (2/14)