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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	The Grooming Table, LLC		
	Name	of Limited Liability Compa	ny
Dear S	Sir or Madam:		
The cr	nclosed Registered Agent/Registered Offic	Change and fee(s) are subr	nitted for filing.
Please	return all correspondence concerning this	matter to the following:	
Liz P	isani		
	Name of Person		
The (	Grooming Table		
	Firm/Company		
4060	Lakewood Blvd.		
	Address		
Naple	es, FL 34112		
	City/State and Zip Code		
TheG	GroomingTable@gmail.com		
	E-mail address: (to be used for future annu	l report notification)	
For fu	rther information concerning this matter,	ease call:	
Liz P	isani	239 455-729°	7
	Name of Person	Area Code &	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Flori	on orations
	Enclosed is a check for the following	mount:	
	□ \$25 Filing Fee	☑ \$55 Filing Fee &	Certified Copy

## 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

Name of the limited liability company:	The Grooming	Table	, LLC				
(a) 4060 Lakewood Blvd.		(b	4060 Lak	ewood Bl	vd.		
Principal office address of limited liab (Note: MUST BE STREET AL		_ (-	, <del></del>	ailing address (Note: MAY		-	
Naples, FL 34112		_	Naples, F	L 34112			
10/19/15			L1500017	6850			
Date of filing/registration in	Florida	4.	1	Document n	umber		
(a) United States Corporation Age	ncy						
Registered Agent and Registered Office show	n on the records of th	he Florida	Dept. of State:				
<u> </u>	ORIDA STREET A	<u>DDRESS</u>	2				
5575 S. Semoran Blvd., Suite	36 						
Orlando	, FL	34822					
(b) Liz Pisani							
Enter name of <u>NEW' Registered Agent</u> and/o	т <u>NEW Registered (</u>	Office ad	dress:		TA_S	20	
4060 Lakewood Blvd.					CRETY LAHA	81 AON 6102	H
<u><b>NEW</b></u> Registered Office Address:					SSEE.		FILE
Naples	. FL	34112			STATE FLURIDA	PM 2: 33	ΞD
he limited liability company is not organize change or changes are made, the Florida sent will be identical. Or, in the case of a F s/were authorized by an affirmative vote of articles of organization or the operating a	street address of a lorida limited lia of the members of	the regis bility co f the lim	stered office ompany, it is lited liability	and the bus hereby conf company or	reby confi iness offic firmed tha	rmed the of the	e registe nange(s)
Flaribith 1 =	0. 30		abeth Pisa				
signature of a member or authorized representative of	of a member			Printed or type	ed name of s	ignec	

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