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COVER LETTER

Division of Corporations		
Acomoclitic Laser and Wax Stur	dio	
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARYANN PROBERT		
Name of Person		
Firm/Company		
601 N MIRAMAR AVE APT 212		
Address		
INDIALANTIC FL 32903		
City/State and Zip Code		
gracejpower@gmail.com		
E-mail address: (to be used for future annual i	report notification)	
For further information concerning this matter, plea	ase call:	
Grace Power	303 919-5263	
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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount	ount:	
■ \$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. N	ame of the limited liability company: ACOMOCIITIC L	aser a	and	wax Stu				
2. (a)	601 N Miramar Ave Apt 212		(b) 10600 W Alameda Ave #203					
	Principal office address of limited liability company:			M	lailing address of limited I	-		
	(Note: MUST BE STREET ADDRESS) Indialantic, FL 32903		ı	iakowoo	(<u>Nete: <i>MAY BE POST</i> (</u> d, CO 80401	<u> </u>	YA)	
	indialatile, i E 32903		-	Lakewoo	u, CO 80401			
	02/10/16		L	1600002	9007			
3.	Date of filing/registration in Florida	4.	_		Document number			
5. (a)	MARYANN PROBERT							
J. (u,	Registered Agent and Registered Office shown on the records of	the Flor	ida [Dept. of State:	:			
						<i>:</i> -	Ť	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>			<u>.</u>	33	
	2126 Whiteside Ave					~ .		
	Palm Bay	3290	9			(1) - (1) -	ಆತಿ	
	, гі	L					722	<u>;</u>
(b)	MARYANN PROBERT					ار الرائد	्	·
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	eddr	222:		. C.ONDA	တ်	
	NEW Registered Office Address:							
	601 N MIRAMAR AVE APT 212							
	INDIALANTIC , FI	_3290	3					
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re iability of the le limited	gisto con imit d lia	ered office npany, it is ed liability	and the business offichereby confirmed that company or as other pany.	ce of the	register nge(s)	
Sign	ature of a member or authorized representative of a member	_			Printed or typed name of	signee		
provis the ob to men notifie	eby accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	e perfor	mai	ice of my a	luties. ånd I am famili	iar with å	ind acce	ept
	, ,							