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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: PEPPIN LLC dba SPA PANK AVENUE  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:							
SARAH PEPPIN							
Name of Person							
PEPPIN LLC disa SPA PANIC AVENUE Firm/Company							
1141 CLINGING VINE PLACE							
WINTER SPRINGS, FLUNDA 32708  City/State and Zip Code							
E-maileddress! (to be used for future annual report notification)							
For further information concerning this matter, please call:							
SAVAH PEPPIN at (407) 402 – 9767  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  Area Code & Daytine Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$25 Filing Fee \$\Bigsquare \\$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 Florida.

1. Name of t	the limited liability cor	mpany: PEPPIN	1 LLC	ar	ou SIA IA	MC ALENLE
2. (a)			(b)			nited liability company:
· · ·	Principal office address of (Note: MUST BE S		:	N		nited liability company: OST OFFICE BOX)
32	7 SPAM	< AVE	<del></del>	327	S. PAM	AVE
MI	THE PARK,	FUNIA 32	789	WINTE	L PAMC,	FLOMDA 3
4	-5.16			L160	0000 679	844
3.	Date of filing/registr		4.		Document numb	&44 er
5. (a) $\frac{SA}{Register}$	NATI PPIN red Agent and Registered O	flice shown on the record	is of the Florida l	Dept. of State	;	
	A PANK A VE					
.327	7. S. PAR	AVE				SE
	JER PARK					n N
						<u> </u>
(b) Enter na	ime of <u>NEW Registered A</u>	gent and/or <u>NEW Regist</u>	tered Office add	ress:		9: 22
<u>_SA</u>	RAH PEPP	<u>i</u> \(\tag{\tau}\)				
	Registered Office Address:					
114	1 CLINGIN	G VINE P	LACE_			
MIV	NTW SPRIM	145	. fl3′	2708	Š	
the change or agent will be i was/were auth	liability company is no changes are made, the dentical. Or, in the calorized by an affirmationganization or the op	Florida street addresse of a Florida limite ve vote of the member	ss of the regist ed liability cor ers of the limi	ered office npany, it is ted liability	and the business hereby confirme company or as of	soffice of the registered that the change(s)
Sta	4.		SA	MART	Printed or typed nar	
Signature of a	member or authorized repre	sentative of a member			Printed or typed nar	ne of signee
provisions of a the obligation to merely refle notified in wri	all statutes relative to a s of my position as reg ect a change in the reg ting of this change.	registered agent and the proper and comp istered agent as pro- istered office addres.	l agree to act i lele performa vided for in Ci s, I hereby coi	in this capa nce of my a hapter 605, afirm that i	city. I further as huties, and I am J F.S. Or, if this o he limited liabili	gree to comply with the amiliar with and accep document is being filed ty company has been
Signature of Reg	istered Agent		•			