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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
Jacksonville Electrology, Laser & Skincare A SUBJECT:	cademy, LLC			
Name of Lin	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Scott L. Glazier				
Name of Person				
Glazier, Glazier & Dietrich, P.A.				
Firm/Company				
8833 Perimeter Park Blvd., Suite 1002	•			
Address	<del></del>			
Jacksonville, FL 32216				
City/State and Zip Code				
pilar@hellosmooth.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please of	all:			
Scott L. Glazier 9	04 997-1033			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	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			

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.

	ame of the limited liability company:			
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY	of limited liability company: BE POST OFFICE BOX
	155 Bartram Market Drive, Suite 125		155 Bartram Market Drive, Suite 125	
	St. Johns, FL 32259		St. Johns, FL 32259	
	10/17/2016	I	.16000191156	
	Date of filing/registration in Florida	4.	Document n	umber
(-)				
(8)	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:	
	Financial Solution Advisors PLLC			-{ 29
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	<del></del>	224
	4350 Pablo Professional Curt			THE THE
	Jacksonville , I			PILL P
				mc -0 1
(b)	Enter name of NEW Registered Agent and/or NEW Register		<del></del>	FE 3
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addi	355:	3: 04 SIATE FLORIDI
	Glazier, Glazier & Dietrich, P.A.			DE +
	NEW Registered Office Address:	_		
	8833 Perimeter Park Boulevard Suite 1002			
	Jacksonville E	32216		
sent vas/was/was/was/was/was/was/was/was/was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of a member of amendment as registered agent and as the street of a member and completely accept the appointment as registered agent and as the street of any position as registered agent as provided in writing of this charge.	ne registered liability com s of the limit se limited lia	office and the business pany, it is hereby confed liability company or bility company.  Play 109  Printed or type	s office of the registered irmed that the change(s) as otherwise provided in a MS

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