

L17000077386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

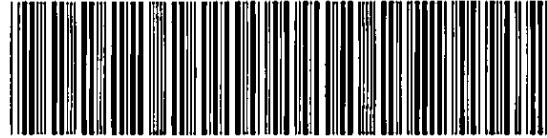
(Business Entity Name)

(Document Number)

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OCT 16 2017

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

850

at (

Area Code &amp; Daytime Telephone Number

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$55 Filing Fee & Certified Copy

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2017 OCT 11 PM 4:56  
FBI  
TALLAHASSEE, FLORIDA  
Phone Number

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7055 Fairfield Massage 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:

Qun Shen

Name of Person

7055 Fairfield Massage LLC

Firm/Company

169 Auburndale Dr

Address

Ponte Vedra, FL 32081

City/State and Zip Code

qunshen1968@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Qun Shen

850

377-1443

at ( )

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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2017 OCT 16 PM 4:56  
TALLAHASSEE, FLORIDA

**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.*

**7055 Fairfield Massage LLC**

1. Name of the limited liability company: 169 Auburndale Dr,  
2. (a) 169 Auburndale Dr, (b) 169 Auburndale Dr,

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Ponte Vedra, FL 32081

Ponte Vedra, FL 32081

4/5/2017

L17000077386

3. Date of filing/registration in Florida

4. Document number

David Williams

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

7055 W Fairfield Dr

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

Pensacola, FL 32506

Qun Shen

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

169 Auburndale Dr

**NEW** Registered Office Address:

Ponte Vedra, FL 32081

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.

Qun Shen  
Signature of a member or authorized representative of a member

Qun Shen  
Printed or typed name of signer

*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.*

Qun Shen  
Signature of Registered Agent