L17066/173199

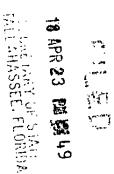
(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



400312044604

04/23/18--01043--019 **25.00



APR 25 2018

COVER LETTER

Division of Corporatio	ns					
Studio M Salor SUBJECT:	and Boutique					
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	e concerning this matter to the following:					
Amanda Lee Name	of Person					
	on and boutique					
85 Jacaranda 1						
Safety Halbor City/State	7FL - 34695 and Zip Code					
E-mail address: (to be use	od for luture annual report notification)					
For further information concern	ning this matter, please call:					
Amonda Ce Name of Person	at () Area Code & Daytime Telephone Number					
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314					
Enclosed is a check fo	r the following amount:					
✓ \$25 Filing Fee	7 \$55 Filing Fee & Certified Conv					

* 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,	Na	me of the limited liability company:	\mathcal{M}	Salor	and Boi	utiou	و
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>)</u> (b)		A(M(IND() Mailing address of lin (Note: MAY BE P	nited liability	company:
3.5.	(a)	Date of filing/registration in Florida Corporate Service Compare Registered Agent and Registered Office shown on the records of the		Dept. of State	100 17 3 19' Document numb	9 er	
	b)	Registered Office Address (MUST BE FLORIDA STREET ALL TOURS OF TOUR ADDRESS O	DDRESS))		APR 23 TO AND A STANKED TO A ST	9,840
(<i>(</i> 0)	Enter name of NEW Registered Agent and/or NEW Registered Office Address:	Office add	ress:		SF STAL FLORIDA	
		Safety Harbor, FL	34 W	95			
the agei was	chai nt w /wc	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limi	ered office npany, it is ted liability	and the business hereby confirme company or as c	office of the difference of the contract of th	he registered hange(s)
	M	NW M & 8 0		inda Lee	ipany.		
Si	gnat	ure of a member or authorized representative of a member			Printed or typed nan	ne of signee	, <u>.</u>
prov the to m	visio obli iere	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided tv reflect a change in the registered office address, I he I'in writing of this change	e to act erforma for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	acity. I further ag luties, and I am f , F.S. Or, if this a the limited liabilit	gree to com amiliar with document is ty company	ply with the h and accept h being filed has been

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

Signature of Registered Agent