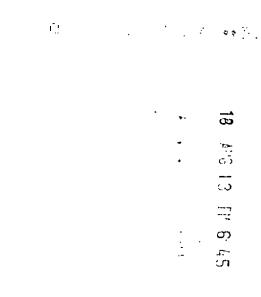
## L17000184353

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Prione #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entry Name)						
(Document Number)						
Certified Copies Certificates of Status						
· <del></del>						
Special Instructions to Filing Officer:						





## 800316990958



AUG 1 5 2018 S. PRATHER

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJI	LA FONT D'MED SPA					
301,,,	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to t	he following:			
BRU	CE H. VANDERLAAN					
	Name of Person		<del></del>			
BRU	CE H. VANDERLAAN, ATTORNEY	' AT LAW	, PA			
	Firm/Company					
1500	ROYAL PALM SQUARE BLVD, S	TE 101				
	Address					
FOR	T MYERS, FL 33919					
	City/State and Zip Code					
BRU	CE@BRUCEVANDERLAAN.COM					
	E-mail address: (to be used for future annu	ial report n	ntification)			
For fu	orther information concerning this matter,	please call:				
BRU	CE VANDERLAAN	239 at (	220-3326			
	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:						
	S25 Filing Fee	C	\$55 Filing Fee & Certified Copy			
INHS	18 (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.

Name of the limited liability company: LA FONT D'MED SPA, LLC							
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1104 CEDAR CT		Mailing address of limited (Note: MAY BE POST				
	MARCO ISLAND, FL 34145	<del>_</del> _					
	08/29/2017	<u>L17</u>	7000184353				
3.	Date of filing/registration in Florida	4,	Document number				
5. (a	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY  Registered Office Address (MUST BE FLORIDA STREET)  1201 HAYS STREET	t. of State:	- e: - - -				
		22201		- 3			
	FI	32301		-0			
(b)	BRUCE H. VANDERLAAN, ATTORNEY AT	LAW, PA		ڼې			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registerer</u> NEW Registered Office Address:	I Office address	<del></del>	. <u>n</u>			
	1500 ROYAL PALM SQUARE BLVD, STE 101						
	FORT MYERS , FI	33919					
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registere lability compa of the limited limited liabi	ed office and the business off any, it is hereby confirmed the liability company or as othe lity company.	fice of the registered nat the change(s) rwise provided in			
Sign	nature of a member of Authorized representative of a member		Printed or typed name o	f signec			
I her provi the ol to me notifi	eby accept the appointment as registered ugent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I get in writing of this change.	ree to act in t	this capacity. I further agree	to comply with the			