

4800000 1190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

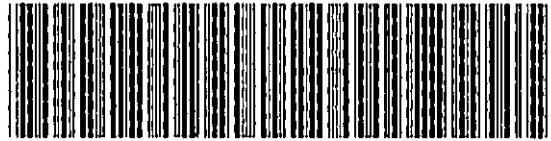
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200321540392

12/10/18--01008--008 \*\*25.00

FILED  
2018 DEC 19 A 2:51  
TALAMON, SCOTT

D. SCOTT  
DEC 19 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vita Bella, 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:

M. Stafne  
Name of Person

Vita Bella  
Firm/Company

5808 Auvers Blvd 7-107  
Address

Orlando FL 32807  
City/State and Zip Code

namask.products6787@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Stafne at ( 407 ) 408-6600  
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

FILED  
2010 DEC 10 A 2:51  
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.

1. Name of the limited liability company: Vita Bella LLC

2. (a) 132 Burks Cir (b) 132 Burks Cir

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Winter Park, FL 32789

Winter Park, FL  
32789

3. Jan 2017  
Date of filing/registration in Florida

4. L1800061190  
Document number

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

132 Burks Cir  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Park, FL 32789

(b) M. Stafne c/o Vita Bella  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5808 Auvers Blvd 7-107  
**NEW Registered Office Address:**

Orlando, FL 32807

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.

Kristi Stafne  
Signature of a member or authorized representative of a member

Kristi Stafne  
Printed or typed name of signee

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.

Kristi Stafne  
Signature of Registered Agent