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COVER LETTER

TO: Registration Section Division of Corporations	,		
SUBJECT: CFETTMANN Name of Lin	VED SPA nited 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:			
MARGARET GEITTMANN Name of Person			
GEITTMANN Med Spg Firm/Company			
276 Lake BRITTANG Address	1 CT		
Heathrow, Fl 32746 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mangaret Creit Mannate	407) 333 - 4933 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
\$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.

Florida.
1. Name of the limited liability company: GEITTMANN MED SPA 1. Name of the limited liability company: GEITTMANN MED SPA 276 Lake Bruttany CT
1. Name of the limited liability company: GETT WITH 18 276 Lake BRI Hany CT 2. (a) 3512 5. ORIANDO DR (b) 276 Lake BRI Hany CT Mailing address of limited liability company:
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX)
3277332746
1/14/2018
Date of filing/registration in Florida 4. Document number
(Paral Jam) Harlad States Couperan m Agents, INC.
8. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Comt A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa FL 33612 (b) Mangarut Geittmann Enter name of NEW Registered Agent and/or NEW Registered Office address: 276 Lake Beitlany Ct
(b) Margaret Geittmann
(b) WAGWEL GETTTATT Enter name of NEW Registered Agent and/or NEW Registered Office address:
The second of th
NEW Registered Office Address:
Heathrow FL 32746
7 Construct that after
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 the change or changes are made, the Florida limited liability company, it is hereby confirmed that the change(s)
agent will be identical. Or, in the case of a softhe members of the limited liability company or as otherwise provided in
was/were authorized by an affirmative vote of the incincers of the limited liability company. the articles of organization or the operating agreement of the limited liability company.
was/were authorized by an affirmative vote of the memoers of the limited liability company. the articles of organization or the operating agreement of the limited liability company. MARCHOT GETTMANN Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member o
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
Signature of a member or authorized appresentative of a memory 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed the obligations of my position as registered office address, I hereby confirm that the limited liability company has been to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been untilled in writing of this change.
to merely reflect a change in the registered office address, Thereby confirm that the registered of the regi
Notified in writing of this change. Nignature of Registered Agent Signature of Registered Agent
Signature of Registered Agent