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| (Requestor's Name)                       |  |  |  |  |  |
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| (Address)                                |  |  |  |  |  |
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| (Address)                                |  |  |  |  |  |
|  |  |  |  |  |  |
| (City/State/Zip/Phone #)                 |  |  |  |  |  |
|  |  |  |  |  |  |
| PICK-UP WAIT MAIL                        |  |  |  |  |  |
|  |  |  |  |  |  |
| (Business Entity Name)                   |  |  |  |  |  |
| (200,000 2,, 1,2,)                       |  |  |  |  |  |
| (Document Number)                        |  |  |  |  |  |
| (Bootine Hamber)                         |  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |  |
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| Special Instructions to Filing Officer:  |  |  |  |  |  |
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## **COVER LETTER**

TO:

Registration Section

| Divi           | sion of Corporations                |                      |                                      |  |  |
|----------------|-------------------------------------|----------------------|--------------------------------------|--|--|
| SUBJECT:       | Body Architects LLC                 |                      |                                      |  |  |
| Sebelei.       | Name of Limited Liability Company   |                      |                                      |  |  |
| Dear Sir or N  | Madam:                              | •                    |                                      |  |  |
| The enclosed   | d Registered Agent/Registered Of    | fice Change and fe   | e(s) are submitted for filing.       |  |  |
| Please return  | n all correspondence concerning the | his matter to the fo | llowing:                             |  |  |
| Anamaria       | Aguiar e Salles                     |                      |                                      |  |  |
|                | Name of Person                      |                      | -                                    |  |  |
| Body Arch      | itects LLC                          |                      |                                      |  |  |
|                | Firm/Company                        |                      | -                                    |  |  |
| 3001 S Oc      | cean Dr apt 845                     |                      |                                      |  |  |
|                | Address                             |                      | -                                    |  |  |
| Hollywood      | , FL, 33019                         |                      |                                      |  |  |
| ·              | City/State and Zip Code             | <del></del>          | -                                    |  |  |
| anasalles1     | l@gmail.com                         |                      |                                      |  |  |
| E-mail         | address: (to be used for future an  | nual report notifica | ation)                               |  |  |
| For further in | nformation concerning this matter   | r, please call:      |                                      |  |  |
| Anamaria .     | Aguiar e Salles                     | 310                  | 7217347                              |  |  |
| <del></del>    | Name of Person                      |                      | Area Code & Daytime Telephone Number |  |  |
| STR            | REET/COURIER ADDRESS:               | MAI                  | LING ADDRESS:                        |  |  |
|                | stration Section                    | Regi                 | Registration Section                 |  |  |
|                | sion of Corporations                |                      | Division of Corporations             |  |  |
|                | on Building                         |                      | P.O. Box 6327                        |  |  |
|                | Executive Center Circle             | Talla                | Tallahassee, Florida 32314           |  |  |
| Talla          | ahassee, Florida 32301              |                      |                                      |  |  |
| Enci           | losed is a check for the following  | g amount:            |                                      |  |  |
| <b>2</b> \$:   | 25 Filing Fee                       | <b>□ \$</b> 55       | Filing Fee & Certified Copy          |  |  |
| INHS18 (2/14   | <b>(</b> )                          |                      |                                      |  |  |

## 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. N   | lame of the limited liability company: Body Archite   | ects LLC  |   |   |
|--|---|---|---|---|
| 2. (a)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3001 S Ocean Dr apt 845 Hollywood   | (b  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  S Ocean Dr apt 845 Hollywood   |
|  | FL, 33019   | <del></del>   | FL, 33  | 019   |
|  | 03/28/2018  |   | L18000  | 080191  |
| 3.<br>5. (a                                    | Date of filing/registration in Florida ANAMARIA AGUIAR E SALLES   | 4.  |   | Document number   |
| (-   | Registered Agent and Registered Office shown on the records o   | of the Florida  | Dept. of S  |   |
|  | Registered Office Address (MUST BE FLORIDA STREET 2501 S OCEAN DRIVE #1229  | ADDRESS   | )   | 2019 SEP  |
|  | Hollywood   | 33019   |   | - ω ω   |
| (b)  | ANAMARIA AGUIAR E SALLES  Enter name of NEW Registered Agent and/or NEW Registere   | ed Office add   | lress:  | M & 25  |
|  | NEW Registered Office Address:  | <del></del>   |   | <del></del>   |
|  | 3001 S Ocean Dr apt 845   |   |   |   |
|  | Hollywood, F  | L_33019   |   | ·   |
| the chagent<br>was/v                           | limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the   | of the regis<br>liability co<br>of the lim              | tered off<br>mpany, i<br>ited liabi               | ice and the business office of the registered<br>t is hereby confirmed that the change(s)<br>lity company or as otherwise provided in   |
|  | Lengour   | Ana   | maria A   | Aguiar e Salles   |
| I here<br>provi<br>the old<br>to me<br>notific | ature of a member or authorized representative of a member eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, le ed in writing of this change.  ure of Registered Agent | gree to act<br>e performa<br>ed for in C<br>I hereby co | in this co<br>ince of m<br>hapter 6<br>infirm the | Printed or typed name of signee apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |