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DEPARTMENT OF STATE SOLUTION OF CORPORATION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
Mission Relax, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jason Papy	
Name of Person	
Mission Relax, LLC	
Firm/Company	
2710 Spring Green Drive	
Address	· · · · · · · · · · · · · · · · · · ·
Lutz / Florida 33559	
City/State and Zip Code	
jason.papy@missionrelax.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Jason Papy 81	3 766-8051
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

2. (a)	23110 State Road 54 #234		(b) _ 23110 State Road 54 #234			
-· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Lutz, Florida 33549		Lutz, F	lorida 33549		
	05/31/2018		L180001	36043		
3.	Date of filing/registration in Florida	4.		Document r	umber	
5. (a)	United States Corporation Agents, Inc.					
3. (L)	Registered Agent and Registered Office shown on the record 5575 S. Semoran Blvd	s of the Flori	da Dept. of	State:	2020 JAN BLPART WYSION TALLAH	esperi
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ART AR	1 1
	Suite 36				-6 OF OF OF OR	
	Orlando	, FL_32822			AT OF S	
(b)	Jason Papy				7: 13 STATE RATION LOBROY	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office :	iddress:		•	
	2710 Spring Green Drive					
	NEW Registered Office Address:					
	Lutz	, FL				
:nange igent w vas/we	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registed liability of the liter the limited	red office company, i mited liabi	and the busines it is hereby conf ility company o	s office of the register firmed that the change	red e(s)
Signat	ure of a prember or authorized representative of a member			Printed or type	ed name of signee	
I hereb	by accept the appointment as registered agent and consol of all statutes relative to the proper and compligations of my position as registered agent as provive reflect a can be in the registered office address	agree to ac ete perforn ided for in , I hereby	et in this co nance of m Chapter 6 confirm the	anacity I furth	er aaree to comply wi	ith the accept g filed

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent