

L18 000 208065

(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



600333114446

08/20/19--01005--005 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 PM 2:30

Ra Change

AUG 20 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACE & BODY - SKINCARE AND MASSAGE, 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:

ROBIN L. PETRIPAOLI
Name of Person

FACE & BODY - SKINCARE AND MASSAGE, LLC
Firm/Company

5205 OJUS STREET
Address

NORTH PORT, FL 34286
City/State and Zip Code

robin712@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN PETRIPAOLI at (941) 681-4900
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 19 PM 2:30

**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: FACE & BODY - SKINCARE AND MASSAGE,

2. (a) FACE & BODY - SKINCARE AND MASSAGE ROBIN L PIETRIPAOLI LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

24630 SANDHILL BLVD
UNIT 304
PUNTA GORDA, FL 33983
8-30-2018

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5205 OJUS STREET
NORTH PORT, FL 34286
L18000208065

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT, A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) ROBIN L PIETRIPAOLI

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5205 OJUS STREET
NEW Registered Office Address:

NORTH PORT, FL 34286

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 PM 2:30

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.

[Signature]
Signature of a member or authorized representative of a member

ROBIN L PIETRIPAOLI
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent