

L18000255477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

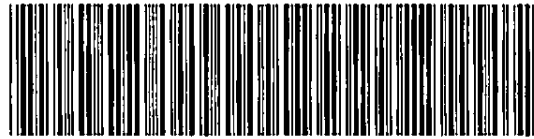
(Business Entity Name)

(Document Number)

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D SCOTT

JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vida Salon & Spa

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:

Eileen Grafals

Name of Person

Vida Salon & Spa

Firm/Company

228B Racetrack Rd NE

Address

Fort Walton Beach, Florida 32547

City/State and Zip Code

vidasalonspa146@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Grafals

at (850) 612-6216

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

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

EILEEN GRAFALS
228B RACETRACK RD NE
FORT WALTON BEACH, FL 32547

SUBJECT: VIDA SALON & SPA, LLC
Ref. Number: L18000255477

We have received your document for VIDA SALON & SPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Print and type name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott

Regulatory Specialist II

Letter Number: 819A00011183

**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: Vida Salon & Spa
2. (a) 228B Racetrack Rd NE, FNB, FL 32547
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 3 Front Porch Circle, Niceville, FL 32578
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 1 Date filed: 10/31/2018
Date of filing/registration in Florida
4. L18000255477
Document number

5. (a) Grafals, Eileen
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3346 Citrine Circle
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Crestview, FL 32539

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Grafals, Eileen

NEW Registered Office Address:

3 Front Porch Circle

Niceville, FL 32578

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.

Eileen Grafals
Signature of a member or authorized representative of a member

EILEEN GRAFALS
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.

Eileen Grafals
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00