## L18000 26 111 41

(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



700326868297

04/01/19--01028--022 \*\*25.00

2019 APR -1 PH 5: 58

S. PRATHE

## COVER LETTER

Division of Corpo								
SUBJECT:	Utopia	Spa Name of Lie	Development mited Liability Company	LLC				
		rame or En	anted Etablity Company					
Dear Sir or Madam:								
The enclosed Registered A	Agent/Registered	Office Cha	nge and fee(s) are submitted for	r filing.				
Please return all correspor	dence concernin	g this matte	er to the following:					
Michael Ro	nay we ame of Person							
Utopia Spa Development LLC Firm/Company								
17425 Lakewood	National Address	Pikwy 1	Gractenton (1 34)	34211				
Bradenton Girys	=( 3421 State and Zip Cod	le						
E-mail address: (to b	topiaspa a	com annual repo	ort notification)					
For further information co	ncerning this ma	tter, please	call:					
Michael Ru	nanu	at (	954, 540-22	218				
Name of I			Area Code & Daytim					
STREET/COUR	IFD ANNUFCC.		MAILING ADDRESS:					
Registration Section		į	Registration Section					
Division of Corpo			Division of Corporations					
Clifton Building			P.O. Box 6327					
2661 Executive C	enter Circle		Tallahassee, Florida 32314	1				
Tallahassee, Flori-	la 32301							
Enclosed is a che	ck for the follow	ring amoun	it:					
S25 Filing Fee			☐ \$55 Filing Fee & Certific	d 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

				<i>-</i>	<b>.</b>			
l.	Na	ame of the limited liability company:	Utopia	Jpa	Develo	spment		<u> </u>
2.	(a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE	company:	(b)	М	Bowitz Na.  uiling address of li  (Note: MAY BE)	mited liab	
		Bracleston F1 3455 34	211		BONIT	2 Springa	FI	84135
		Date of filing/registration in Flori	·			000 2		41
3.		Date of filing/registration in Flori	ida	4.	.1	Joeument numb	oer	
5.	(a)	Mtopin Spa Pevelop						
		Registered Agent and Registered Office shown on the 17425 Lakewaser National Registered Office Address (MUST BE FLORID	Plany		ept. of State:	i	.>	onig APR P
	(b)	Braclenton  Michael Ronagne  Enter name of NEW Registered Agent and/or NEW					SEE, FL	PH 5: 58
		17921 Bonita National S	0			•		
		Bonita Springs	FL_	3413	15			
the age wa	cha ent v s/we	limited liability company is not organized usinge or changes are made, the Florida street will be identical. Or, in the case of a Florid vere authorized by an affirmative vote of the ticles of organization or the operating agreet	t address of th la limited liab members of	ne registe ility com the limite	red office a pany, it is ed liability	and the busines hereby confirm company or as	s office ed that t	of the registered he change(s)
	(			M	ichael	Ronayne Printed or typed na		
		ature of a member or authorized representative of a m						
pro the to	ovisi v obl mera	eby accept the appointment as registered ag sions of all statutes relative to the proper an oligations of my position as registered agent rely reflect a change in the registered office and in writing of this change.	ent and agree of complete pe as provided j address, I he	e to act in erforman for in Ch reby con	i this capac ice of my di apter 605, firm that th	city. I further a uies, and I am F.S. Or, if this ne limited liabil	gree to d familiar docume ity comp	comply with the with and accept nt is being filed any has been

Signature of Registered Agent