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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations	
Luxe Hydration LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Richard Geisz	
Name of Person	
Luxe Hydration LLC	
Firm/Company	
200 4th Ave S. Unit 319	
Address	
St. Petersburg, FL 33701	
City/State and Zip Code	
rgeisz@luxehydration.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Richard Geisz	248 310-0889
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 amo	ount:
■ \$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	200 4th Ave S. Unit 319, St Petersburg, FL 33701	(b) 200	2nd Ave S. #134, St Petersburg, FL 33701
2. (Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	 , , -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/29/19	83-33	329354
3.	Date of filing/registration in Florida		Document number
	United States Cornoration Avents Inc		1500 Manager
5. (a	Registered Agent and Registered Office shown on the re United States Corporation Agents, Inc.	cords of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	
	5575 S. Semoran Blvd. Suite 36		20 2
	Orlando	, FL	2020 JAN SECRET
(b	Richard Geisz		iii N
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office address:	
	Richard Geisz		SIAIE
	NEW Registered Office Address:		
	200 2nd Ave S. #134		
	St. Petersburg	, FL_33701	
chang agent was/v the a	e limited liability company is not organized under ge or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limwere authorized by an affirmative vote of the menuticles of organization or the operating agreement	s of the registered off nited liability compar nbers of the limited I of the limited liabili Richard G	ice and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.
Sign	dature of a member or authorized representative of a membe	r	Printed or typed name of signee

Signature of Registered Agent