

L19000240854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

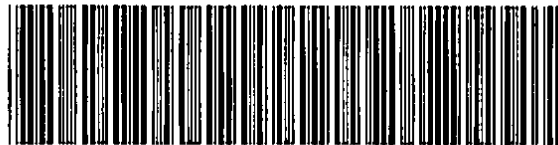
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R. WHITE

DEC 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spa Meditations 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:

Margo lansky
Name of Person

Spa Meditations
Firm/Company

5379 Lyons Rd #917
Address

Coconut Creek FL 33073
City/State and Zip Code

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

For further information concerning this matter, please call:

Margo lansky at (561) 440-3483
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

To whom this may concern
In the process of
Changing the address
for public records
the LLC was dissolved.
I have an urgent
Security issue, a
safety emergency.
My home address
was never supposed
to be on here. It's
On the internet on
my name. Please
Change my home
address to my
business address.

PLEASE!!!

I
have a
stalker,
under a
restraining
order,
Permanently.

Urgent -
Please

Change

Registered Agent
Address.

Thank you.

**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.

Name of the limited liability company: Spa Meditations LLC

(a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
5379 Lyons Rd #917
Coconut Creek, FL 33073
9/24/2019
Date of filing/registration in Florida

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
5379 Lyons Rd #917
Coconut Creek, FL 33073
L19000240854
Document number

(a) Margo Lansky
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5379 Lyons Rd #917
Coconut Creek, FL 33073

(b) Margo Lansky
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
5379 Lyons Rd #917
Coconut Creek, FL 33073

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

Margo Lansky
Printed or typed name of signee

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