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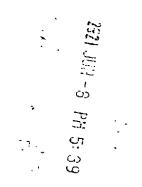
(Requestor's Name)							
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(Business Entity Name)							
(Document Number)							
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COVER LETTER

Division of Corporations							
SUBJECT: The Vanity And Name of Limited Li	ability 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:							
Deldrd Johney Name of Person	_						
THE VUNITY GALA LLC Firm Company							
4771 NW OHN Drive	<u> </u>						
Plantation, Fl 33817 City/State and Zip Code							
E-mail address: Ito be used for future annual report notific	cation)						
For further information concerning this matter, please call:							
DCIARA JUNE at 784	2424-6991 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						

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

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.	Na	Name of the limited liability company: The Vanth C	balat	10	-	
2.	(a)	471 NW 9th Drive 647	INW GHO	Dr_{\perp}	VĆ	
	X. / .		Mailing address of limited (Note: MAY BE POST			
		Plantation of 3331) DIA	Hahan	FI	<u></u> 333517	
		TICH TOTAL TRAINING THE	nec rol 1.	<u>' </u>	<u> </u>	
		(0.141202) (20)	1 01 DOG()33	<u> </u>	
3.		Date of filing/registration in Florida 4.	Document number			
5.	(a)		Agents	I	JC.	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	te:			
		50 10 S. SEMORAN DIVA	_			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		00			2#2	
		<u>urianau</u> .fl. 32822	=		\$2 1 JUN	
	71.3	Deidra Julion			1 00	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_	پ	P I	
					ે. -≝	
		4 1 W CHI VI	_		39	
		NEW Registered Office Address:				
			_			
		Plantation FL 333/7	-			
ch ag wa the	ange ent v is/we auti	e limited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability cticles of organization or the operating agreement of the limited liability company.	nd the business office is hereby confirmed the ty company or as other pany.	of the r nat the c erwise p	egistered change(s) provided in	
Signature of a member or authorized by the presentative of a member Printed or typed name of signed						
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the						

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 of Registered Agent