L21000059345

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COVER LETTER

Division of Corporations		
SUBJECT: Polished By Vi	iVi LLC ed 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:	
Vivian Maldonado Name of Person		
Polished By Vivi LLC Firm/Company		
400 Church Street Ste.1 Address	AOI	
LISSIMMEE, FL. 3474 City/State and Zip Code	14_	
Polished Cimpressions Byvi E-mail address: (to be used for future annual report n	Otification)	
For further information concerning this matter, please call:		
Vivian Maldonado at (40) Name of Person	785 · 7653 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	

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.

1. 1	Jame of the limited liability company: Polished By VIVI LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 400 Church Street Ste. I. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	<u>Kissimmee</u> , FL. <u>Kissimmee</u> , FL.
	34741 34741
3. 5. (a	Date of filing/registration in Florida Date of Florida Polished By Vivi LLC L21000059345 Document number
J. (u	Polished By VIVI LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Chite CAN
	1455immee , FL 34746
(b)	Description of the second
	400 Church Street
	NEW Registered Office Address:
	Suite 110A
	Lissimmee FL 34741
chang agent was/w the ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the c or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
I here provis the ob to med notifie	Printed or typed name of signee eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept digations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been are of Registered Agent