

L21000300844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

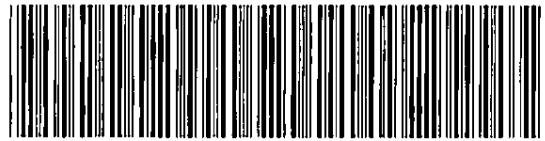
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TO: Registration Section
Division of Corporations

SUBJECT: GOOD LIFESTYLE BODY WORK
Name of Licensed Liability Company

Dear Sir or Madam

The enclosed Registered Agent Registered Office Change and Fees are submitted for filing

Please return all correspondence concerning this matter to the following:

LI LR

Name of Person

GOOD LIE-STYLE BODY WORK, 1995

10471 SW 40 TH STREET
Address

MIAMI, FL 33165

_____ E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NAME _____ and _____

 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
2475 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

↓ 525 Living fee

■ **ISSuing Fee & Certified Copy**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.01, 14 or 605.01, 16, 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. Name of the limited liability company GOOD LIFE STYLE BODY WORK LLC

2. (a) 10471 SW 40 TH STREET, MIAMI, FL 33165 (b) 10471 SW 40 TH STREET, MIAMI, FL 33165
Principal office address of limited liability company. Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 6/30/2021 Date of filing registration in Florida 121900300844 Document number

5. (a) MARIO TORRES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
7501 SW 22 STREET, MIAMI, FL 33155
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10471 SW 40 TH STREET, MIAMI, FL 33165

(b) MIAMI
Enter name of NEW Registered Agent and/or NEW Registered Office address
MIAMI FL 33165

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 changes herein 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.

Mario
Signature of a member or authorized representative of a member.

MARIO TORRES
Printed or typed name of signer.

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.

dis
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00