L23000330202

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(City/State/Zip/Prione #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

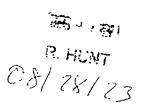




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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Acqua Salon and Spalle 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:					
Emily Marantsman					
Name of Person					
Acqua salon and Spa	_				
Firm/Company					
2960 HIDISCUS AVE					
Address					
Landerdale Lakes, 33311					
City/State and Zip Code	_				
emuumarantsman 1@9mail. Co	SM				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Emily Marantsman = 11(763	1106:5099				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	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:

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.

I. N	ame of the limited liability company: <u>ACQUA</u> SO	lon ar	nd Spallic
2. (a)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	218 E commercial BIVG. Unit	_29	100 Hipiscus ave
	108 Louderdale By The Sea, FL, 3330	g ranas	emole Lakes, FL, 33311
3.	7 / 12 / 2023 Date of filing/registration in Florida 4.	L230	Document number
5. (a	ZENBUSINESS_INC. Registered Agent and Registered Office shown on the records of the Flo	orida Dept, of St	ale:
	336 F. COLLEGE AVE Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)	_
	SUITE 301		202 202
	TALLAHASSEE FL 3	2301	ණ <u>*</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:	PHI2: 40
	EMILY MORANTSMAN NEW Registered Office Address:		- 0
	2960 HIDISCUS AVE		_
	Lauderdale Lakes FL 3	3311_	
chang agent was/w	limited liability company is not organized under the laws of e or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited.	tered office a company, it limited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
<u> </u>	mus	Emily	Printed or typed name of signee
~	•		-
provis the ob to me	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for rely reflect a change in the registered office address, I hereb ed in writing of this change.	act in this cap rmance of my in Chapter 60 y confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been

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