M02000193

(Requestor's Name) (Address)	800149858428
John J. Jen Elsker All About Join Solor 168 W. Nearborn St Englewood, Florida	04/24/0901026022 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	O9 APR 24 PM 12: 39 SECRET RRY OF STATE TALLATIVESSEL, FEORER

Office Use Only

S. HAWKES APR 2 9 2009 **EXAMINER**

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: All About You Salon & Spa, LLC 2. The mailing address of the limited liability company is: 168 W. Dearborn 54 20 APR 2009

3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Betsy Hart

Name

168 W. Dearborn St

Address

Englewood, Il 34923

City, State and Zip 6. The name and address of the new registered agent and/or office: John J. Ten E/shof

168 W. Dearborn St

Florida street address (P.O. Box NOT acceptable) Englewood, FL 34223
City, State and Zip 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. Ten ELSHOF ana Jo (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 508, 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.

(Signaple of Registered Agent)

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

FILING FEE: \$25.00