

M 11000002 097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



600235966576

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DEPARTMENT OF STATE  
12 JUL 19 AM 10:58

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 19 PM 12:46



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 278269 7891835

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 17, 2012

ORDER TIME : 9:52 AM

ORDER NO. : 278269-008

CUSTOMER NO: 7891835

12 JUL 19 PM 12:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CHANGE OF AGENT

NAME: CELL ADJUSTMENTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**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. Name of the limited liability company: CELL ADJUSTMENTS, LLC

2. (a) Principal office address of limited liability company: 9970 W. Cheyenne Avenue  
Las Vegas, NV 89129

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

9970 W. Cheyenne Avenue  
Las Vegas, NV 89129

04/27/2011

3. Date of filing/registration in Florida

M11000002097

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Capitol Corporate Services, Inc.

Registered Office Address:

155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Corporation Service Company

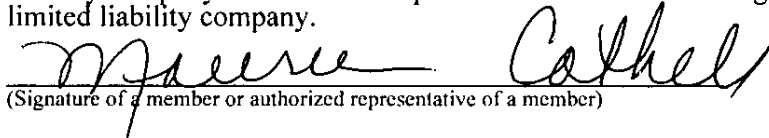
**NEW** Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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.

  
(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person

(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 608, 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.*

By: 

(Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President

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

**FILING FEE: \$25.00**

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DIVISION OF CORPORATIONS  
12 APR 19 PM 12:46