P02000073533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

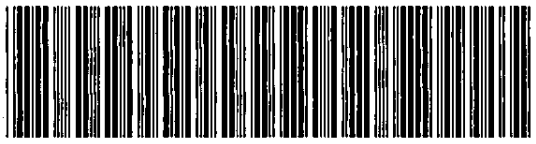
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242077523

12/03/12--01044--001 **220.00

12/19/12 RW

R/A Chg

FILED
12 DEC 19 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

MINA P. WOLTIL
VAN SCOIK & WOLTIL LLP
2348 SUNSET POINT ROAD SUITE A
CLEARWATER, FL 33765 US

SUBJECT: ROB REESE ENTERPRISES, INC.
Ref. Number: P02000007353

We have received your document for ROB REESE ENTERPRISES, INC. and your check(s) totaling $220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 712A00028808

RECEIVED
12 DEC 19 AM 11:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

MINA P. WOLTIL
VAN SCOIK & WOLTIL LLP
2348 SUNSET POINT ROAD SUITE A
CLEARWATER, FL 33765 US

SUBJECT: ROB REESE ENTERPRISES, INC.
Ref. Number: P02000007353

We have received your document for ROB REESE ENTERPRISES, INC. and your check(s) totaling $220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 712A00028808

VAN SCOIK & WOLTIL, LLP CPAS

November 29, 2012

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

Ladies and Gentlemen:

Please find enclosed the **Statement of Change of Registered Office or Registered Agent or Both for Corporations**, for the following business:

Rob Reese Enterprises, Inc.	P02000007353	$35.00
Virtually Done! Office Services, Inc.	P09000032340	$35.00

And the **Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company** for the following businesses:

Salon Studios of Tampa Bay, LLC	L07000116196	$25.00
Reese Ohana, LLC	L08000009906	$25.00
Living Young, LLC	L10000001885	$25.00
Yama Taiyo Restaurant, LLC	L08000105459	$25.00
Jeanne Friedlander, LLC	L11000048634	$25.00
MJM Sportsline, LLC	L10000075726	$25.00

I have enclosed a check in the amount of $220.00 to cover the filing fees reflected above.

Sincerely,

Mina P. Woltil, CPA
Van Scoik & Woltil, LLP

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROB REESE ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: P02000007353

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MINA P. WOLTIL
Name of Contact Person

VAN SCOIK & WOLTIL LLP
Firm/Company

2348 SUNSET POINT ROAD, SUITE A
Address

CLEARWATER, FL 33765
City/State and Zip Code

MPWOLTILCPA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINA P. WOLTIL at (727) 400-4741
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ROB REESE ENTERPRISES, INC.

2. The principal office address: 5600 - 90 AVE NORTH
PINELLAS PARK, FL 33782

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/15/2002 Document number: P02000007353

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

WOLTIL & COMPANY, CPAS
10707 66TH STREET N, SUITE E
PINELLAS PARK, FL 33782

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VAN SCOIK & WOLTIL LLP
2348 SUNSET POINT ROAD, SUITE A
P.O. Box NOT acceptable
CLEARWATER, FL 33765

FILED
12 DEC 19 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

ROBERT R. REESE, PSTD
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

12/15/12
Date

If signing on behalf of an entity:

MINA P WOLTIL
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)