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(Requestor's Name)								
(Address)								
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(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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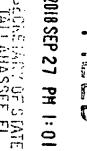
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S. PRATHE!

COVER LETTER

Division of Corporations								
SUBJECT: CHANGE OF PRINCIPLE OFFICE AND REGISTERED AGENT OFFICE ALDRESS 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:								
Tykesha McColf Name of Person CONSCIOUS MIND & BEAUTY LLC. Firm/Company								
P.O. Box 4134 Address								
MIAMI LAKES, FL 33011/ City/State and Zip Code								
TMCCOY 95 @ HOTMAIL - COM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Tykesha McCoy at 786 543-0185 Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:								
Ճ \$25 Filing Fee & Certified Copy								

INHS18 (2/14)

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

	rida)		_						
1.	Na	me of the limited liability company:	CONSCIC	us M	tno è	BEAUT	y LLC		<u> </u>
2	(a)			(h)				
- .	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		5951 N.W. 151 ST		_	<u></u> P	0.B0	(413	4	
		MIAMI LAKES, FL	33014	-	M.	TAMI	LAKES	5,FL	33014
		9/1/18 Date of filing/registration in Flor				4160	0010	175	2
3.		Date of filing/registration in Flor	ida	4.		Document	number		
5.	(a)					_		~	
		Registered Agent and Registered Office shown on					: =:[]	2018 SEP	
		2719 HOLLYWOOD, FL	33020	(5	UITE#	248)	12. 12.	SET SET	71
		Registered Office Address (MUST BE FLORI)	DA STREET AL	DRESS	1	_	P.	21	-
		2719 HOLLYWOOD, FL	3300	20		_	> 5 5		18
		Hollywo	<u>0∆</u> , fl_	3	3020	_	7.	PH I: OI	O
		,					ר ק	吗 9	•
	(b)	Enter name of NEW Registered Agent and/or NE	W D	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•		Le 1	
		Enter name of NEW Registered Agent and/or NE	w Registered C	ince auc	<u>iress</u> :				
		5951 NW 151 5	T. MIA	MT	LAKES	JFC 33	3014		
		NEW Registered Office Address:	4 /				,		
		NEW Registered Office Address: 575 NW 151 57	- MIA,	MI	LAKES	FL 3	3014		
		MIAMI LAKE							
lf t	he li	mited liability company is not organized t	inder the laws	of the	State of Flo	orida, it is h	nereby conf	firmed tha	t after
the	cha	nge or changes are made, the Florida stree fill be identical. Or, in the case of a Floric	t address of the	he regis	stered office	e and the bi	usiness offi	ce of the t	registered
wa	s/we	re authorized by an affirmative vote of the	members of	the lim	ited liabilit	у сотрапу	or as other	wise prov	ided in
the	artic	eles of organization or the operating agree	ment of the li	mited l	iability con	npany.	1	1/-	
	Liunat	ure of a member or authorized representative of a m				Printed or to	ESHA yped name of	eignee C	<u>c cy</u>
	-			a to aat	in this can				
pro the to .	ovisia cobli mere	y accept the appointment as registered as one of all statutes relative to the proper a gations of my position as registered agently reflect a change in the registered office in writing of this change,	gent and agree id complete p t as provided c address, I he	e to act erforme for in C ereby co	ance of my Chapter 60: Confirm that	activ, 1 jur duties, and 5, F.S. Or, the limited	ther agree I am famil if this docu liability co	iar with a ment is be mpany ha	with the nd accept eing filed s been
	g.5.	e of Agent							