

LOS 0000 63370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

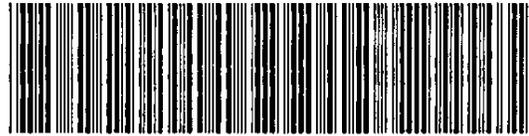
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR 21 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2011

JOHN PEREZ
6937 BAY DRIVE #306
MIAMI BEACH, FL 33141

SUBJECT: AMERICAN BEAUTY INSTITUTE, LLC.
Ref. Number: L05000063370

We have received your document for AMERICAN BEAUTY INSTITUTE, LLC. and your check(s) totaling \$25.00. 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 711A00006006

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Beauty Institute, LLC
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:

John M. Perez

Name of Person

American Beauty Institute, LLC

Firm/Company

6937 Bay Drive #306

Address

Miami Beach Florida 33141

City/State and Zip Code

Ajp0825@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony J. Perez

Name of Person

at (305)

7618232

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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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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: American Beauty Institute, LLC

2. (a) Principal office address of limited liability company: John M. Perez

(Note: **MUST BE STREET ADDRESS**) 6937 Bay Drive #306

(b) Mailing address of limited liability company: Miami Beach Florida 33141

(Note: **MAY BE POST OFFICE BOX**)

08/25/2010
3. Date of filing/registration in Florida

L05000063370
4. Document number

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

Registered Agent: Tony J. Perez, MD

Registered Office Address: 1430 Cleveland Road
Miami Beach, Florida 33141

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

NEW Registered Agent: John M. Perez

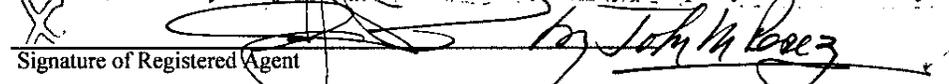
NEW Registered Office Address: 6937 Bay Drive #306
(MUST BE FLORIDA STREET ADDRESS) Miami Beach Florida 33141
FL

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

Tony J. Perez, MD
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.)


Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA