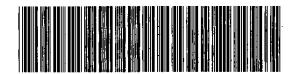
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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EXAMMER

## **COVER LETTER**

Division of Corporations		
	EVER BEAUTY FULL, LLC	
Name o	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
Monica Ghersi		
Name of Person		
FOREVER BEAUTY FULL, Firm/Company	, LLC	
500 SE 3rd Ct Ste 20	7 <u>Ze</u> 22	
Address	SLURE FARY ALLAHASSE -4463	
	र्मिक्ट किंद्र स्टिन किंद्र	
Deerfield Beach, FL 33441-	-4463 S = G	
City/State and Zip Code		
ACCOUNTING@FEBSTORE E-mail address: (to be used for future annual repor	E.COM ort notification)	
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this ma	atter, please call:	
Casila Alawanda	504	
Cecile Alexandre  Name of Person	at ( 561 ) 910-3904  Area Code & Daytime Telephone Number	
Name of Ferson	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the follow	ving amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

,			
I. Name of the limited liability company:	Name of the limited liability company: FOREVER BEAUTY FULL, LLC		
2. (a) Principal office address of limited liability con	ompany: 500 SE 3rd Ct Ste 207		
(Note: MUST BE STREET ADDRESS)	Deerfield Beach, FL 33441-4463		
(b) Mailing address of limited liability company:	;		
( <u>Note: MAY BE POST OFFICE BOX</u> )			
12/13/2006	L06000118720		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:		
Registered Agent:	MONICA GHERSI		
Registered Office Address:	601 N Congress Ave Ste 310		
	min - German		
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:		
NEW Registered Agent:	Monica Ghersi		
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]			
	Deerfield Beach ,FL 33441		
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 of authorized representative of a member			
Monica Ghersi Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ampany has been notified in writing of this change.		

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

Signature of Registered