L08000616983

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
A 4	Ch		





500254022695

11/25/13--01008--018 **25.00

13 -NOV 25 AM II: 33

T. Burch NOV 2 7 2013.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO BEAUTY COSMETICS, 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:

LYSLEI CHIRICO

Name of Person

ELO ENTERPRISES, INC

Firm/Company

4700 NW BOCA RATON BLVD STE 202

Address

BOCA RATON, FL 33431

City/State and Zip Code

ELO@ELOENTERPRISES.US

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

For further information concerning this matter, please call:

LYSLEI CHIRICO

...561

544-8862

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:

■ \$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.

1. Name of the limited liability company: PRO BEAUTY CO.	SMETICS, LLC		
(a) Principal office address of limited liability company: 6712 NW 72ND AVE (Note: MUST BE STREET ADDRESS) MIAMI, FL 33166			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4700 NW BOCA RATON BLVD STE 202 BOCA RATON, FL 33431		
02/15/2008	L08000016983		
3. Date of filing/registration in Florida	4. Document number 3		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	ELO ENTERPRISES, INC		
Registered Office Address:	4700 NW BOCA RATON BLVD STE 202		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>			
NEW Registered Agent:	MARCO A. SGAMBATO		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6712 NW 72ND AVE MIAMI F1, 33166		
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			
Marco : A : Sgambato Printed or typed name of stynee			
I hereby accept the appointment as registered agent and comply with the provisions oball statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608. F.S. Of it this document is being filed to address, I hereby compare that the limited flability compared to the compar	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.		
Signature of Registered Agent Division of Corporations, P.O. Box	6327, Taliahassee, FL 32314		

INHS18 (05/08)