

103000027634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

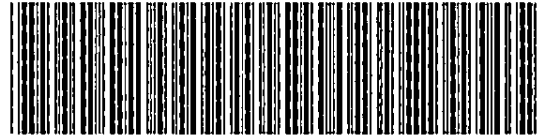
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 FEB -4 A 11:23  
FALL MAINE

2/6/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2018

BEATRIZ R GUERRA  
801 HIALEAH DR  
HIALEAH, FL 33010

SUBJECT: AVON BEAUTY CENTER OF MIAMI, A LICENSED AVON BEAUTY  
CENTER, LLC  
Ref. Number: L08000027634

2019 FEB -4 PM 12:06

We have received your document for AVON BEAUTY CENTER OF MIAMI, A  
LICENSED AVON BEAUTY CENTER, LLC and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please  
complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00022725

*Please find  
attached form,  
as requested.  
This form, along with  
filing fee, was previously  
submitted.  
Thanks  
B Guerra*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avon Beauty Center of Miami, A Licensed Avon Beauty Center, 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:

Beatriz R Guerra

Name of Person

Avon Beauty Ctr of Miami

Firm/Company

801 Hialeah Dr

Address

Hialeah, FL 33010

City/State and Zip Code

beatrizguerra@yahoo.com

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

For further information concerning this matter, please call:

Beatriz R Guerra at (786) 251-2594

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

FILED  
2019 FEB -4 A 11:23  
TALLAHASSEE, FL

**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.

1. Name of the limited liability company: Avon Beauty Center of Miami
2. (a) 801 Hialeah Dr, Hialeah, FL 33010 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. \_\_\_\_\_ Date of filing/registration in Florida 4. L08000027634 Document number

5. (a) Beatriz R Guerra  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3060 S Miami Ave  
Miami, FL 33129

- (b) Beatriz R Guerra  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

801 Hialeah Dr  
Hialeah, FL 33010, FL 33010

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.

Beatriz R Guerra  
Signature of a member or authorized representative of a member

Beatriz R Guerra  
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 605, 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.

Beatriz R Guerra  
Signature of Registered Agent

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