

709000068698

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
PURE BEAUTY & WELLNESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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K. SALY  
EXAMINER  
AUG 26 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STAGING PLACES LLC PURE BEAUTY & WELLNESS, 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:

Cheyenne Moseley  
Name of Person

Legalzoom.com, Inc.  
Firm/Company

100 W. Broadway Suite 100  
Address

Glendale, CA 91210  
City/State and Zip Code

kate@livepurebeauty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez at ( 323 ) 962-8600 ext 7950  
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 605.0114, 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: PURE BEAUTY & WELLNESS, LLC

2. (a) Principal office address of limited liability company: 600 W. Las Olas Blvd.  
Apt. 1208S  
Fort Lauderdale, FL 33312  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 600 W. Las Olas Blvd.  
Apt. 1208S  
Fort Lauderdale, FL 33312  
*(Note: MAY BE POST OFFICE BOX)*

07/16/2009  
3. Date of filing/registration in Florida

L09000068698  
4. Document number

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

Registered Agent: AGENTS AND CORPORATIONS, INC.

Registered Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330  
NAPLES, FL 34102

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

NEW Registered Agent: United States Corporation Agents, Inc.

NEW Registered Office Address: 13302 Winding Oak Court  
Suite A  
Tampa, FL 33612  
*(MUST BE FLORIDA STREET ADDRESS)*

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.

Katelyn A. Parsons  
Signature of a member or authorized representative of a member

KATELYN PARSONS  
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.*

CM  
Signature of Registered Agent Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

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