L09000084922

(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF VIEW HAIR TRANSPLANT, 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:

GUNWANT DHALIWAL
Name of Person

GULF VIEW HAIR TRANSPLANT, LLC
Firm/Company

6329 STATE ROAD 54
Address

NEW PORT RICHEY, FL 34653
City/State and Zip Code

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

For further information concerning this matter, please call:

GUNWANT DHALIWAL at (727) 844-5555
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

INHS18 (5/08)

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: GULF VIEW HAIR TRANSPLANT, LLC

2. (a) Principal office address of limited liability company: 6327 STATE ROAD 54

☑ *(Note: MUST BE STREET ADDRESS)* NEW PORT RICHEY, FL 34653

(b) Mailing address of limited liability company: 6329 STATE ROAD 54

☑ *(Note: MAY BE POST OFFICE BOX)* NEW PORT RICHEY, FL 34653

9.2.2009
3. Date of filing/registration in Florida

L09000084922
4. Document number

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

Registered Agent: SPIEGEL & UTRERA, P.A.

Registered Office Address: 1840 SOUTHWEST 22ND STREET, 4TH FLOOR, MIAMI, FL 33145

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

NEW Registered Agent: GUNWANT S DHALIWAL

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 6329 STATE ROAD 54

NEW PORT RICHEY ,FL 34653

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

GUNWANT S DHALIWAL
Printed or typed name of signee

FILED
09 OCT 15 AM
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

INHS18 (05/08)