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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Division of Corporations GULF COAST HAIR FORCE #1, LLC SUBJECT: 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: TYLER DENNIS BENSON Name of Person **GULF COAST HAIR FORCE #1, LLC** Firm/Company 18911 S. TAMIAMI TRAIL #7 Address FORT MYERS, FLORIDA, 33908 City/State and Zip Code tylerbenson52@yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TYLER BENSON 239 Name of Person 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 following amount: \$55 Filing Fee & Certified Copy

TO:

Registration Section

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	COAST HAIR FORCE #1, LLC
2. (a) Principal office address of limited liability compar	ny: 18911 S. TAMIAMI TRAIL #7
(Note: MUST BE STREET ADDRESS)	FORT MYERS, FLORIDA, 33908
(b) Mailing address of limited liability company:	18911 S. TAMIAMI TRAIL #7
(Note: MAY BE POST OFFICE BOX)	FORT MYERS, FLORIDA, 33908
09/28/2009	L09000093771
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	SARAH MOONIEN-KLINK
Registered Office Address:	18911 S. TAMIAMI TRAIL#7 FORT MYERS, FLORIDA, 3390
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address of	
NEW Registered Agent:	TYLER DENNIS BENSON, S
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18911 S. TAMIAMI TRAIL FORT MYERS ,FL 33908
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Zusp psycon	
TYLER BENSON Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	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 herely 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, Tallahassee, FL 32314 FILING FEE: \$25.00