0000022471

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(<u>B</u> u	siness Entity Nar	ne)				
	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



700185249037

11/05/10--01010--007 **25.80

T. HAMPTON

NOY - 8-2010

EXAMINER

COVER LETTER

Division of Corporat	ions					
SUBJECT:	HOPE	BFAL	JTY SI	UPPLY	LLC	
SCHOLCI.	Name of L					
	- 1)F	7	
Dear Sir or Madam:						
The enclosed Registered Ag	ent/Registered C	Office C	hange a	and fee(s)	are submitted	d for filing.
Please return all corresponde	ence concerning	thic ma	itter to ti	he fallowi	ina:	
r lease return an correspond	mee concerning	uus ma	itter to ti	ne ionowi	ug.	
	LESZEK			-		
Name o	of Person					
HOPE BEAU	TY SUPPLY LL	.C		_		
Firm/Co	ompany					
14842 HI	JNTLEY DR					
Addr				-		
ODI AND	O EL 22020					
	O FL 32828 and Zip Code			-		
ony once a	na Bip Code					
ELCORP@TAXEOR	MPROCESSIN	אב כח	NA.			
FLCORP@TAXFOR E-mail address: (to be used for	future annual report n	otification	1)	-		
		,				
For further information cond	erning this matt	er, piea	se can:			
ALICE LESZ	EK	_ at (407)	412-86°	12
Name of Person			A	rea Code & D	Daytime Telephor	ne Number
STREET/COURIER	ADDRESS:		MAI	LING ADI	DRESS:	
Registration Section		Registration Section				
Division of Corporatio	ns	Division of Corporations				
Clifton Building				Box 6327		
2661 Executive Center			Tallal	hassee, Flo	rida 32314	
Tallahassee, Florida 32	2301					
Enclosed is a check for the following amount:						
✓ \$25 Filing Fee			\$55	Filing Fe	e & Certified	l 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.

Name of the limited liability company:	HOPE BEAUTY SUPPLY LLC			
2. (a) Principal office address of limited liability com	pany: 2844 CURRY FORD RD			
(Note: MUST BE STREET ADDRESS)	ORLANDO FL 32806			
(b) Mailing address of limited liability company:	14842 HUNTLEY DR			
(Note: MAY BE POST OFFICE BOX)	ORLANDO FL 32828			
02/25/2010 3. Date of filing/registration in Florida	L10000022477 4. Document number			
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:			
Registered Agent:	ALICE LESZEK			
Registered Office Address:	5240 E COLONIAL DR STE D ORLANDO FL 32803			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: ALICE LESZEK			
NEW Registered Office Address:	14842 HUNTLEY DR			
(MUST BE FLORIDA STREET ADDRESS)	ORLANDO ,FL32828			
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 thictory liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative 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 ALICE LESZEK, MGRM 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 608, F.S. Or. if this document is being filed to merely reflect a change in the registered of fice 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