L10000070968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
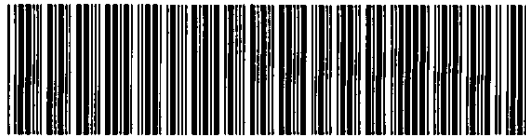
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

09/07/10--01025--006   **25.00

Office Use Only

G. MCLEOD

SEP 8 - 2010

EXAMINER

FILED
10 SEP -7 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ FATIMA HAIR & COLORS, 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:

_____ JOSE LUIS ALONSO _____
Name of Person

_____
Firm/Company

_____ 19207 NE 18 Ave _____
Address

_____ NORTH MIAMI, FLORIDA 33179 _____
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ FATIMA VIERA _____ at (786) _____ 3557024 _____
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: ___**FATIMA HAIR & COLORS, LLC**___

2. (a) Principal office address of limited liability company: ___19207 NE 18 AVE___

   ☑ *(Note: MUST BE STREET ADDRESS)* ___NORTH MIAMI, FLORIDA 33179___

   (b) Mailing address of limited liability company: ___19207 NE 18 AVE___

   ☑ *(Note: MAY BE POST OFFICE BOX)* ___NORTH MIAMI, FLORIDA 33179___

___07/02/2010___	___L10000070968___
3. Date of filing/registration in Florida	4. Document number

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

   Registered Agent: ___JOSE LUIS ALONSO___

   Registered Office Address: ___226 SE 10TH STREET___
   ___HALLANDALE, FL 33009___

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

   NEW Registered Agent: _____

   NEW Registered Office Address: ___19207 NE 18 AVE___
   (MUST BE FLORIDA STREET ADDRESS)

   ___NORTH MAIMI___ ,FL ___33179___

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.

X ___Fatima Viera___
Signature of a member or authorized representative of a member

___FATIMA VIERA___
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, FS. 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.

X _____
Signature of Registered Agent

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

INHS18 (05/08)