

L11000031338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

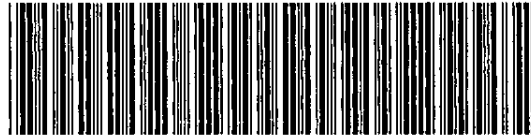
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200237810972

08/01/12--01008--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG -1 PM 1:22

FILED

J. SAULSBERRY
EXAMINER

AUG 6 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broadpoint Hair SALON 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:

Dwight W. Roll
Name of Person

Broadpoint Hair Salon
Firm/Company

318 TAMiami Trail Suite 113
Address

Punta Gorda FL 33950
City/State and Zip Code

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

For further information concerning this matter, please call:

Dwight W. Roll at (941) 505-1552
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

FILED
2012 AUG -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BROADPOINT Hair Salon L.L.C.

2. (a) Principal office address of limited liability company: 318 TAMiami TRAIL

(Note: **MUST BE STREET ADDRESS**)

Suite 113
PUNTA GORDA FL 33950

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

318 TAMiami TRAIL
Suite 113

03-15-2011
3. Date of filing/registration in Florida

110 L11000031338
4. Document number

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

Registered Agent:

Limited States Corporation Agents
INC.

Registered Office Address:

13302 WINDING OAK COURT
Suite A
TAMPA FL 33612 US

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

NEW Registered Agent:

Dwight W. Roll

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

318 TAMiami TRAIL
Suite 113
PUNTA GORDA FL 33950

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.

Dwight W. Roll
Signature of a member or authorized representative of a member

Dwight W. Roll
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 office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dwight W. Roll
Signature of Registered Agent

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

FILE
2012 AUG - 1
SECRETARY OF
TALLAHASSEE, FL