

L12000022438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

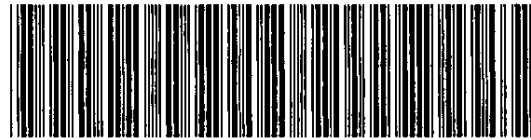
(Business Entity Name)

(Document Number)

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FILED  
18 FEB 23 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. LEGGETT  
FEB 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2018

CENDRINE NOELLISTE  
2424 N CONGRESS AVE., SUITE A  
WEST PALM BEACH, FL 33409 US

SUBJECT: GLAM CITY SALON & SPA LLC  
Ref. Number: L12000022438

We have received your document for GLAM CITY SALON & SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number 5 (a) must be completed in order to process filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00001415

RECEIVED  
FEB 26 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Glam City Salon & Spa, 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:

Cendrine Noelliste

\_\_\_\_\_  
Name of Person

Glam City Salon & Spa, LLC

\_\_\_\_\_  
Firm/Company

2424 N Congress Ave., Suite A

\_\_\_\_\_  
Address

West Palm Beach, FL 333409

\_\_\_\_\_  
City/State and Zip Code

glamcitysalon@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Anderson, CPA

at ( 561 ) 686-1110

\_\_\_\_\_  
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

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Glam City Salon & Spa, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

2424 N Congress Ave., Suite A

2424 N Congress Ave., Suite A

West Palm Beach, FL 33409

West Palm Beach, FL 33409

02/15/2012

L12000022438

3. Date of filing/registration in Florida

4. Document number

5. (a) None SUPERBIZ Registered Agent Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2761 VISTA PKWY STE E4  
WEST PALM BEACH, FL 33411

(b) \_\_\_\_\_

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bradley Anderson

NEW Registered Office Address:

580 Village Blvd., Suite 110

West Palm Beach, FL 33409

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]  
Signature of a member or authorized representative of a member

Cendrine Noelliste

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 605, 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]  
Signature of Registered Agent

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18 FEB 23 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA