

L13000003938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

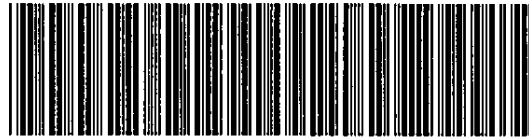
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV -6 AM 9:59
DIVISION OF REVENUE

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NOV 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2017

SHANNON SCOFIELD
7902 W WATERS AVE, STE C
TAMPA, FL 33615

SUBJECT: HAIR QWEST, LLC
Ref. Number: L13000003938

We have received your document for HAIR QWEST, 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):

Please enter in Section (5a) information that is showing on our department records, section (5b) enter new information to be changed

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00021788

2017 NOV -6 PM 4:53
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAIR QWEST
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:

SHANNON SCHOFIELD

Name of Person

HAIR QWEST

Firm/Company

7902 W. WATERS AVE SUITE C

Address

TAMPA FL 33615

City/State and Zip Code

ACCOUNTING @ CARDQUEST.COM

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

For further information concerning this matter, please call:

SHANNON SCHOFIELD

Name of Person

at (813) 288-0004

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

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: HAIR QUEST
2. (a) 7902 W. WATERS AVE SUITE C (b) 7902 W. WATERS AVE SUITE C
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33615

TAMPA, FL 33615

3. 1-8-13 Date of filing/registration in Florida 4. LI3000003938 Document number

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

5820 W. CYPRESS ST SUITE D
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33607

, FL

- (b) SHANNON SCHOFIELD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7902 W. WATERS AVE SUITE C
NEW Registered Office Address:

TAMPA, FL 33615

, FL

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.

Shannon Schofield
Signature of a member or authorized representative of a member

SHANNON SCHOFIELD
Printed or typed name of signer

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.

Shannon Schofield
Signature of Registered Agent

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DIVISION OF CORPORATIONS