

U1300002565

(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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LC
R/A Chg
JUN - 4 2014
R. WHITE

FILED
14 JUN 3 2014
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2014

CHRIS C LEWIS
1388 COLONIAL BLVD
FT MYERS, FL 33907

SUBJECT: COSMETOLOGY ACADEMY OF BEAUTY LLC
Ref. Number: L13000022565

We have received your document for COSMETOLOGY ACADEMY OF BEAUTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 514A00010366

RECEIVED
14 JUN -2 PM 2:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetology Academy of Beauty 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:

Chris Lewis
Name of Person

No change in Registered Agent
Firm/Company only location
Address address

City/State and Zip Code

celewis5959@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Keltz at (239) 210 4995 or 239-656-4366
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

**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: Cosmetology Academy of Beauty

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

1388 Colonial Blvd
Fort Myers FL 33907

Mailing address of limited liability company:

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

1388 Colonial Blvd
Fort Myers FL 33907

3. 2-12-13
Date of filing/registration in Florida

4. L13006022565
Document number

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

no change
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6569 Plantation Pines Blvd
Fort Myers, FL 33907

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

NEW Registered Office Address:

_____, 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.

[Signature]
Signature of a member or authorized representative of a member

Chris Lewis
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

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