## Florida Department of State Division of Comporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE HOLLYWOOD HAIR & BEAUTY LLC

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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.

uortaa.		$\sim$	р пут	D 0 DEALITY LLC
. Nai	ne of the limited liability company: HOLLYW	00	U HAI	R & BEAUTY LLC
. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/25/13	<del>-</del>	L1300	00060388
i. '	Date of filing/registration in Florida	4,		Document number
i. (a)	UNITED STATES CORPORATION AG	SENT	rs, INC.	
. (a)	Registered Agent and Registered Office shown on the records of the	he Flori	la Dept. of St	ate:
	5575 S. SEMORAN BLVD			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	
	Suite 36		. <u> </u>	
	Orlando .FL	3282	2	2022
(0)	Registered Agents Inc.	· · · -		2022 APR - 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	P LED
	7901 4th St N			PH 6:
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg, FL_	3370	2	<u> </u>
he cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the reg ibility f the li	nstered offi company, il mited liabi	t is hereby confirmed that the change(s) lity company or as otherwise provided in
$\triangleright$	ilana Tark		iley Parl	<
	ure of a memberior authorized representative of a member			Printed or typed name of signee
provisio he obli o mere	oy accept the appointment as registered agent and agrifus of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had been so this change.  Bill Havre - Assistant	perjor I for it iereby	mance of m Chapter 6 confirm the	dy auries, and 1 am jumiliar with and accepts. F.S. Or. if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent