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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hillsboro Wax Center 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:

Selena Samale

Name of Person

Perlman, Bajandas, Yevoli & Albright, P.L.

Firm/Company

200 S. Andrews Ave. Suite 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

selena@pbyalaw.com

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

For further information concerning this matter, please call:

Selena Samale

....954

566-7117

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 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. Nam	ne of the limited liability company: Halsboro Wax Center L	LC		
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)				
09/05/2013	1	L13000125601		
3. Date	of filing/registration in Florida	4. Document number		· · · · · ·
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida De	pt. of State:	
	Registered Agent:	Jeff Tobin	سار ≥ ساس	-
	Registered Office Address:	500 S. Ocean Blvd #801 Boce Raton, Ft. 33432	× × × × × × × × × × × × × × × × × × ×	(3.12/114) (1.12/114)
		3000 (1010), 1 2 30702	right o	Party.
(b) l	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addres		L'estate.
<u>]</u>	NEW Registered Agent:	PBYA Corporate Services LLC	0 图像	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		200 S. Andrews Ave Suite 600		
		Fort Lauderdale	,FL_33301	
confirm and the liability the men	mited liability company is not organized under the lad that after the change or changes are made, the Fl business office of the registered agent will be ident company, it is hereby confirmed that the change(s) nbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the re- ical. Or, in the case of a Flor was/were authorized by an a	gistered offic ida limited affirmative vo	ote of
Signature	of a member or authorized representative of a member	_		
Jeff Tobin, I	Manager typed name of signee	_		
I hereb comply and I an Chapter address	y accept the appointment as registered agent and a with the provisions of all statutes relative to the pron familiar with and accept the obligations of my post 608, F.S. Or, if this document is being filed to me, I hereby confirm that the limited liability company of Registered Agent	gree to act in this capacity. In this capacity, in the capacity of the capacity of the capacity of the capacity reflect a change in the replaced has been notified in writing	further agree we of my dut provided for gistered offi of this chan	ee to ies, in ce ge.

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