

L140000 32417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900267471069

01/12/15--01012--014 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 12 AM 10:59

FEB 13 2015  
T. CARTER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beauty Pro Distributor, 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:

Adam Furman  
Name of Person

Beauty Pro Distributor, LLC  
Firm/Company

5455 N. Federal Hwy. Ste. C  
Address

Boca Raton, FL 33487  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Furman at ( 718 ) 290-0483  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2015

ADAM FURMAN  
BEAUTY PRO DISTRIBUTOR  
5455 N FEDERAL HWY. SUITE O  
BOCA RATON, FL 33487 US

SUBJECT: BEAUTY PRO DISTRIBUTOR LLC  
Ref. Number: L14000032417

We have received your document for BEAUTY PRO DISTRIBUTOR 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 915A00000772

RECEIVED  
15 FEB 12 PM 4:25  
TALLAHASSEE, FLORIDA

**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: Beauty Pro Distributor, LLC
2. (a) 5455 N. Federal Hwy. Ste. 0 (b) 5455 N. Federal Hwy. Ste. 0  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Boca Raton, FL 33487 Boca Raton, FL 33487

3. 2-25-14 Date of filing/registration in Florida 4. L 14000032417 Document number

5. (a) Adam Furman  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4800 N. Federal Hwy. Ste. 201B  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33431

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5455 N. Federal Hwy. Ste. 0  
NEW Registered Office Address:

Boca Raton, FL 33487

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

Adam Furman  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 12 AM 10:59