

L140000 32417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

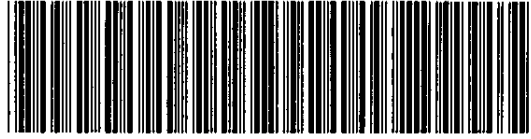
(Business Entity Name)

(Document Number)

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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
Tina D Carter, Regulatory Specialist

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 L 14000032417
 Date of filing/registration in Florida 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

FILED
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 TALLAHASSEE, FLORIDA
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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