

L14000032417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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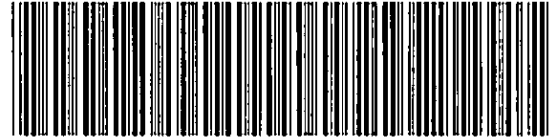
(Business Entity Name)

(Document Number)

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2022 SEP 19 AM 9:05

2022 SEP 19 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FL

TALLAHASSEE, FLORIDA

A. BUTLER  
SEP 20 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 960279 4371937

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 16, 2022

ORDER TIME : 9:17 AM

ORDER NO. : 960279-005

CUSTOMER NO: 4371937

CHANGE OF AGENT

NAME: BEAUTY PRO DISTRIBUTOR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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 (b) 5455 N FEDERAL HWY  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
SUITE O SUITE O  
BOCA RATON, FL 33487 BOCA RATON, FL 33487
3. 02/25/2014 4. L14000032417  
Date of filing/registration in Florida Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
FURMAN, ADAM  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5455 N FEDERAL HIGHWAY SUITE O  
BOCA RATON, FL 33487
- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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OFFICE OF STATE  
CORPORATIONS  
TALLAHASSEE, 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.

/s/Michelsa Calderon

Signature of a member or authorized representative of a member

Michelsa Calderon, Authorized Person

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.*

/s/Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst Vice President