Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000232831 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

: (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please.\*\*

	Address:			
⊩maıı	AUGULES?		 	

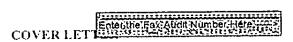
## LLC REGISTERED AGENT CHANGE STYLEOUT L.L.C.

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Help

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□ \$55 Filing Fee & Certified Copy

FL

TO: Registration Section Division of Corporations

SUBJECT: STYLEOUT L.L.C.	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	194 <del>-7</del>
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	
Mary Castillo	888 705-7274
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

INHS18 (2/14)

🛛 \$25 Filing Fee

Enclosed is a check for the following amount:

## FL 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.

	me of the limited fi								
2. (a) _	Principal office address of limited liability company:			(	(b)				
	(Now: MUST BE STREET ADDRESS)				( <u>Note: MAY BE POST OFFICE BOX)</u> 1596 MILLBROOK RD				
	250 WESTSHORE PLAZA								
	TAMPA,	FL	33609	<del></del>	CANT	ON,	MI	48188	
	05/16/2014				L14000	07977	<b>'</b> 5		
3.	Date of fil	ling/registration in	ı Florida	4.		Docume	nt number		
£ ()									
5. (a)	Registered Agent and l	Registered Office sho	wn on the records of	the Flori	da Dept. of Sta	te.			
		CORPORATION SERVICE COMPANY							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					_			
	1201 HAYS STREET						- N 97 ()	2017 AUG 30 AM 9: 07	
	3A						ستاسة. ج سر	= 1	
	TALLAHASSE	E, FL 32301					ALL VARYERS	JE . T	
								30 7.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office advress:					_		出 是 一	
	East name of NEST REGISTER MASON 1.12						`. •	عَ إِنَّاءِ	
	Registered Agent Solutions, Inc.								
	NEW Registered Office Address:							= =	
	155 Office Plaza Dr., Suite A					_			
	Tallahassee		, Fl	L3230	)1 —	_			
the ch	limited liability con ange or changes are will be identical. Overe authorized by a ticles of organization	e made, the Florius or, in the case of a mathemative vote	a street address of Florida limited I of the members	iability of the l	company, it imited liabil	is hereby	confirmed the	it the change(s)	
	Rafi Qureshi		,	F	afi Qures	hi		Vice Presiden	
Signature of a member or authorized representative of a member				_	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 switting of this change.

Signature of I

Justine Karnell

egistered Agent Assistant Secretary

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850-617-6381

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August 30, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

STYLEOUT L.L.C. 1596 MILLBROOK RD CANTON, MI 48188

SUBJECT: STYLEOUT L.L.C.

REF: L14000079775

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitte is for a corporation. This company is a LLC. Please resubmit on a LLC form.

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H17000232831 Letter Number: 117A00017903

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