

L14000111220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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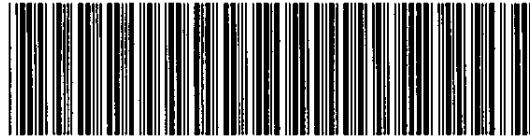
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

JUN 29 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salon vivid, 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:

Askey L. Hodson.
Name of Person

Salon vivid, LLC.
Firm/Company

708 Rambling Drive Circle
Address

Wellington, FL 33414.
City/State and Zip Code

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

For further information concerning this matter, please call:

Askey Hodson at (561) 750-7021
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 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: Salon Vivid, LLC

2. (a) Salon Vivid, LLC (b) Salon Vivid, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

708 Rambling Drive Circle
Wellington, FL 33414

07/15/2014.

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

708 Rambling Drive Circle
Wellington, FL 33414

L1400011120

3. Date of filing/registration in Florida

4. Document number

5. (a) Ashley L. Hodson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10793 58th Road South
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lake Worth, FL 33449

(h) Ashley Hodson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

708 Rambling Drive Circle
NEW Registered Office Address:

Wellington, FL 33414

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

Ashley L. Hodson
Printed or typed name of signer

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

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CLERK OF STATE