

L14000121251

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000082
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

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**LLC REGISTERED AGENT CHANGE
PAM'S FABULOUS HAIR BOUTIQUE LLC**

Certificate of Status	0
Certified Copy	1
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C. Lewis
9-24-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAM'S FABULOUS HAIR BOUTIQUE 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

armahkarmo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 ext 7950

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, 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: PAM'S FABULOUS HAIR BOUTIQUE LLC
2. (a) Principal office address of limited liability company: 704 ESSEX RD.
 (Note: MUST BE STREET ADDRESS) FORT WALTON BEACH, FL 32457
- (b) Mailing address of limited liability company: 704 ESSEX RD.
 (Note: MAY BE POST OFFICE BOX) FORT WALTON BEACH, FL 32457
- 08/01/2014
 3. Date of filing/registration in Florida
- L14000121251
 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: J A KARMO
 Registered Office Address: 704 ESSEX RD.
FORT WALTON BEACH, FL 32457
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: J A KARMO
NEW Registered Office Address: 704 Essex Rd.
 (MUST BE FLORIDA STREET ADDRESS) Fort Walton Beach, FL 32547

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.

J. Arman Karmo
 Signature of a member or authorized representative of a member

J Arman Karmo
 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.

J. Arman Karmo
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00