

L14000129034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

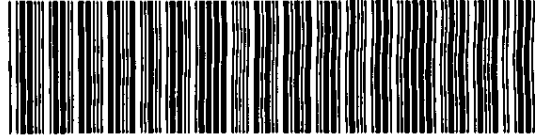
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stacy Hunter Makeup Artist on Location 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:

Stacy Hunter
Name of Person

Stacy Hunter Makeup Artist on Location
Firm/Company

1920 Windsor Drive
Address

NPB, Fla. 33408
City/State and Zip Code

stacymakeup@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Hunter at (561) 301-7256
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

September 30, 2015

STACY HUNTER
1920 WINDSOR DRIVE
NORTH PALM BEACH, FL 33408 US

SUBJECT: STACY HUNTER MAKEUP ARTIST ON LOCATION LLC
Ref. Number: L14000129034

We have received your document for STACY HUNTER MAKEUP ARTIST ON LOCATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE WHOLE APPLICATION

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 215A00020710

RECEIVED
15 OCT 16 PM 12:15
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**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: Stacy Hunter Makeup Artist on Location

2. (a) 1920 Windsor Dr NPB FL 33408

(b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

1920 Windsor Drive
NPB, FL 33408

3. 9/18/15
Date of filing/registration in Florida

4. C14066129034
Document number

5. (a) Incorp Service Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17886 67 Court North Lox Fla 33470
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1788 67th Court North
Lox FL Fla 33470

(b) Stacy Hunter
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1920 Windsor Dr
NPB, Fla. FL 33408

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.

Stacy Hunter
Signature of a member or authorized representative of a member

Stacy Hunter
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.

Stacy Hunter
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00