

LI5000016785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

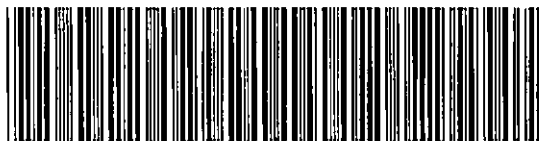
(Business Entity Name)

(Document Number)

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AND
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STOCKS OF THE STATE
OF MARYLAND

T GLASS

MAY 09 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2019

KRISTEN ST GERMAIN
2460 NORTH COURTENAY PARKWAY SUITE 201
MERRITT ISLAND, FL 32953

SUBJECT: FLIRTY LASHES LLC
Ref. Number: L15000016785

We have received your document for FLIRTY LASHES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 719A00007446

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RECEIVED
DIVISION OF CORPORATIONS
MAY 14 2019

Code: 15000016785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLirty Lashes

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:

Kristen St Germain

Name of Person

FLirty Lashes

Firm/Company

2460 North Cortezway Parkway Suite 201

Address

Meritt Island FL 32953

City/State and Zip Code

Kristen Kelly@salvador.com

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

For further information concerning this matter, please call:

Kristen St Germain

Name of Person

at (321)

312 8395

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

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**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: FLIRTY LASHES
2. (a) 2460 North Courtney Parkway Suite 201 Merritt Island FL 32953 (b) (Same)
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 01/25/2015 Date of filing/registration in Florida 4. 415000016785 Document number

5. (a) Kristen Kelley
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
908 Shaw Circle Melbourne FL 32940 (32940)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

- (b) Kristen Alexandra St Germain
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2460 North Courtney Parkway Suite 201
NEW Registered Office Address:
Merritt Island 32953
_____, FL _____

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

Kristen St Germain
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.

[Signature]
Signature of Registered Agent