

L15000164607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

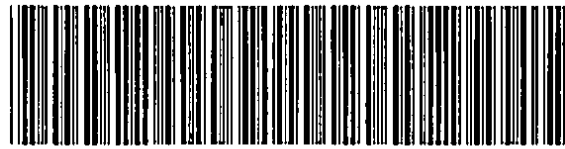
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE SALON & DAY SPA 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:

CURTIS TAYLOR

Name of Person

Firm/Company

4290 HERSCHEL STREET

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

CURT.ELITEDAYSPAJAX@GMAIL.COM

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

For further information concerning this matter, please call:

CURTIS TAYLOR

Name of Person

at (904) 389-2554

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ELITE SALON & DAY SPA LLC

2. (a) 4290 HERSCHEL STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

JACKSONVILLE, FL 32210

(b) 4290 HERSCHEL STREET Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

JACKSONVILLE, FL 32210

09/28/2015

Date of filing/registration in Florida

L15000164607

4. Document number

(a) NA Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

, FL

(b) CURTIS TAYLOR Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4290 HERSCHEL STREET

JACKSONVILLE, FL 32210

ie limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the age or changes are made, the Florida street address of the registered office and the business office of the registered it will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) /were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CURTIS TAYLOR, AMBR Printed or typed name of signee

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.

Signature of Registered Agent