LIL 0000 28305

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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	COVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: Hair by Becca LLC			
Nan	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Rebecca Strenges			
Name of Person			
Hair by Becca LLC			
Firm/Company			
545 Teak Dr			
Address	· · · · · · · · · · · · · · · · · · ·		
Lake Park, FL 33403			
City/State and Zip Code			
rebeccastrenges@gmail.com			
E-mail address: (to be used for future and	nual report notification)		
For further information concerning this matter	, please call:		
Rebecca Strenges	561 543-4657		
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	g amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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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.

I. Na	me of the limited liability company: Hair by Becca	a LLC	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	545 Teak Dr	5	45 Teak Dr
	Lake Park, FL 33403	La	ake Park, FL 33403
	02/10/2016	L1(6000028305
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Rebecca Strenges		
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	nt. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(DDRESS)</u>	
	Lake Worth FI.	33467	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	FILED FILED LAHASSEE. FLORIDE LLAHASSEE. FLORIDE
	NEW Registered Office Address:		ORDER TO
	545 Teak Dr		
	Lake Park, FL	334403	
the cha agent v was/we the arri Signa I here, the obli to mer	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member of authorized oppresentative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide light of the change in the registered office address, I in writing of this change.	the registers ability composed the limited liab Rebectors act in performance defor in Cha	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. Eca Strenges, Manager Printed or typed name of signce this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept poer 605. F.S. Or, if this document is being filed
K	eyera tremo		
Signatu	re of Registered Agent		