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(Re	equestor's Name)					
(Ac	ldress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone	e #)				
	WAIT	MAIL				
(Bi	usiness Entity Nar	me)				
(Document Number)						
Certified Copies	ertified Copies Certificates of Status					
Special Instructions to Filing Officer:						
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Office Use Only



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2016 MAY -9 A II: 31
SECRETALLY OF STATE
ALL AHASSEF, FLORIDA

MAY 10 2013) BRUCL

COVER LETTER

TO:	Registration Section Division of Corporations				•		
	-						
SUBJE	CCT: GLAM	DAZZA Name of Limite	Beauty ed Liability Com		· · · · · · · · · · · · · · · · · · ·		
			a Blacking Com	} -)			
Dear S	ir or Madam:						
The en	closed Registered Agent/Register	ed Office Change	and fee(s) are su	ibmitted for filin	g.		
Please	return all correspondence concern	ing this matter to	the following:				
RH	ONDA ANDER Name of Person	Sou					
<u>G</u> 1	AM DAZZA BEAUT Firm/Company	y Lic	 				
1440	FLAGIER Blvd Address		<u></u>				
LAKE	City/State and Zip C	3 Code	·		2011 SEL		
<u>Gem</u>	uwyne @ bellsouth. (NET ure annual report r	notification)		PILE 2016 MAY -9 , SECRETAGY OF		
For fur	ther information concerning this r	natter, please call	:				
RHO	110000	J at (50		5 4546	₩ 		
	wame of Person		Area Code	e & Daytime Tele	ephone Number		
	STREET: COURIER ADDRESS Registration Section	SS:	MAILING AD				
	Division of Corporations						
	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32314						
	Tallahassee, Florida 32301		,				
Enclosed is a check for the following amount:							
	\$25 Filing Fee	A	\$55 Filing Fee	e & Certified Cop	ру		

INHS18 (2/14)

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: RHONDA	ANDERSO	J		
2. (a) 1440 FLAGLER BLUP	(b) 1440	FLAGLER	Z RIV	D
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
LAKE PARK, FL 33403	LAKE	PARK	FL	33483
4/7/16	L160,		29	
3. Date of filing/registration in Florida	4.	Document nu	mber	
5. (a) CHEYENE MOSELEY, US C	DRP. AGET	U75		
Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State	e:		
UNITED STATES CALPORATION A Registered Office Address (MUST BE FLORIDA STREET AL				
13302 WINDENG OAK COURT	- A	-		
TAMPA, FL	73612	_	2016 TATA	
(b) RHONDA ANDERSON Enter name of NEW Registered Agent and/or NEW Registered Of NEW	office address:	-	MAY -9 RETARY CAHASSEE	
NEW Registered Office Address:			A II: 31 FEORIDA	
LAKE PARK ,FL	33403	-		
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability of a member or authorized representative of a member	he registered office bility company, it is the limited liabilit	e and the busing the hereby confirms or a company or a company.	ess office of med that that so as otherwis	of the registered ne change(s) e provided in
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change. Signature of Registered Agent	e to act in this cape erformance of my for in Chapter 605 ereby confirm that	acity I further	r agree to c	omply with the