

116000070235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

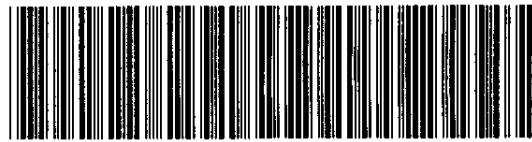
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100308677161

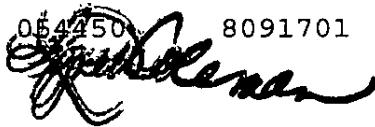
2010 FEB 13 AM 6:16

18 FEB 13 AM 2:29

RECEIVED
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2010
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 054450 8091701
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 1, 2018

ORDER TIME : 1:11 PM

ORDER NO. : 054450-010

CUSTOMER NO: 8091701

CHANGE OF AGENT

NAME: LOVE HAIR DESIGNS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

**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: <u>LOVE HAIR DESIGNS, LLC</u>	2. (a) <u>428 Blue Sky Drive</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Port Orange, FL 32129</u>	(b) <u>428 Blue Sky Drive</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Port Orange, FL 32129</u>
<hr/> <hr/>		
3. Date of filing/registration in Florida <u>04/08/2016</u>	4. Document number <u>L16000070235</u>	
<hr/>		
5. (a) <u>Corporation Service Company</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1201 Hays Street</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Tallahassee, FL 32301</u>		2010 FEB 13 AM 10:07
<hr/>		
(b) <u>Christine Reiff</u> Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address: <u>428 Blue Sky Drive</u> <u>NEW</u> Registered Office Address: <u>Port Orange, FL 32129</u>		
<hr/>		

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.

Christine Reiff
Signature of a member or authorized representative of a member

Christine Reiff
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.

Christine Reiff
Signature of Registered Agent