

L16000133939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

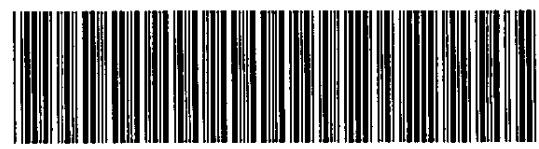
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
DEC 12 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2016

LAW OFFICES OF PAUL J. BURKHART, PL  
PAUL BURKHART  
800 VILLAGE SQUARE CROSSING  
PALM BEACH GARGENS, FL 33410

SUBJECT: INTOXICATING BEAUTY, LLC  
Ref. Number: L16000133939

RECEIVED  
2016 DEC -9 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for INTOXICATING BEAUTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 216A00025375

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Intoxicating Beauty, 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:

Paul Burkhart

Name of Person

Law Offices of Paul Burkhart, PL

Firm/Company

800 Village Square Crossing

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

Paul@paulburkhart.net

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

For further information concerning this matter, please call:

Paul Burkhart

at ( 561 )

880-0155

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 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: Intoxicating Beauty, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

800 Village Square Crossing, Ste 225

800 Village Square Crossing, Ste 225

Palm Beach Gardens, FL 33410

Palm Beach Gardens, FL 33410

07/15/2016

L16000133939

3. Date of filing/registration in Florida

4. Document number

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

Doner, Adam S, Esq.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13340 Mangrove Isles Drive

Palm Beach Gardens, FL 33410

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Law Offices of Paul J. Burkhart, PL

**NEW** Registered Office Address:

800 Village Square Crossing,

Palm Beach Gardens, FL 33410

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 of a member or authorized representative of a member

Paul Burkhart

Printed or typed name of signer

*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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
2016 DEC -9 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA