

L16000161190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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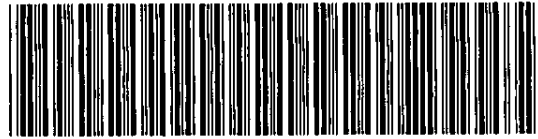
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FEB 06 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovations Hair Salon & 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:

Alba Lucia Gomez Hernandez  
Name of Person

Innovations Hair Salon & Spa, LLC  
Firm/Company

57 Calcutta Court  
Address

Melbourne, FL 32903  
City/State and Zip Code

Alugo 42@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alba Lucia Gomez Hernandez at ( 321 ) 544-5872  
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: Innovations Hair Salon & Spa, LLC

2. (a) 235 E. Merritt Island Cswy (b) Same

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Merritt Island, FL 32952

8/29/16

Date of filing/registration in Florida

L16000161190

4.

Document number

5. (a) Robert A Griggs 235 E. Merritt Island Cswy, Merritt Island, FL 32952

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Same

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alba Lucia Gomez Hernandez

**NEW** Registered Office Address:

57 CALCUTTA COURT

Melbourne

FL

32903

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.

Robert A Griggs

Signature of a member or authorized representative of a member

Robert A. Griggs

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.

Alba Lucia Gomez

Signature of Registered Agent

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

FILING FEE: \$25.00

17 FEB -3 PM 12:58

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS