

L16000199390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

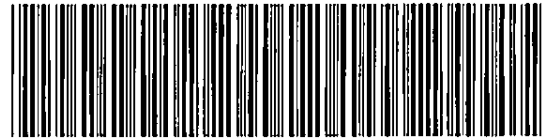
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800421354368

LLC
RA & RO Change

01/08/24--11:29--007 4436,77

FILED
2024 FEB 20 AM 8:08
CLERK OF COURT
JANUARY 2024

A. RAMSEY

MAR 5 2024

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

TERI ZAITE
819 COSMETICS LLC
17876 43RD RD N
LOXAHATCHEE, FL 33470

SUBJECT: 819 COSMETICS, LLC
Ref. Number: L16000199390

We have received your document for 819 COSMETICS, 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):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 424A00002649

RECEIVED
FEB 20 2024

*Please find
completed document.
No new check enclosed
because I already sent one.
Thank you
Teri Zaite*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 819 Cosmetics, 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:

Teri Zaitc
Name of Person

819 Cosmetics, LLC
Firm/Company

17876 43rd Road N.
Address

Loxahatchee, FL 33470
City/State and Zip Code

t.zaitc@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri Zaitc at (561) 718-6770
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 819 Cosmetics, LLC
2. (a) 17876 43rd Road N. Loxahatchee, FL 33470 (b) 17876 43rd Rd. N. Loxahatchee, FL 33470
Principal office address of limited liability company: 33470 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 10/28/2016 Date of filing/registration in Florida 4. L16000199390 Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4716 Riverside Ave
Jacksonville, FL 32202

- (b) Teri Zaitc
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

17876 43rd Rd. N.
Loxahatchee, FL 33470

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]
Signature of a member or authorized representative of a member

Teri Zaitc
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]
Signature of Registered Agent