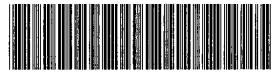
2/60002/2822

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

K. SALY JUN - 7 2017

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.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	111 WEST MARTIN LUTHER KING, JR. B	LV	111 WE	ST MARTIN LUTHER KING, J
	PLANT CITY, FL 33563		PLANT	CITY, FL 33563
	11/21/2016		L160002	12822
5 .	Date of filing/registration in Florida	4.		Document number
i. (a)				
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	e: 10 17
	BANDO IN SHED LES / UNUA	110	Ulbac	'h "
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u>S)</u>	
	1408 SOUTH COLLINS STREET APT 4			z . 28
	PLANT CITY, FI	33563		SECR.
(b)	11/21/2016 - L16000212822			ZOIT JUN -5 TO SECRETARY OF TALLAHASSEE.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	BRAID SUNLEY TO LLG			R 2: 40 F STATE F. FLORID
	NEW Registered Office Address:		199	- <u>6</u> -
	441WEST WARTIN LUTHER KING, IRABI	₩D.	•	
			199	-
-	PLANT CHANGE	90508		
ne char gent w	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lire authorized by an affirmative vote of the members of	the regisability co	State of Flo	e and the business office of the reg s hereby confirmed that the change
ne artic	cles of organization or the operating agreement of the	limited l	liability com	pany.
	1-11/2.	TU	NYA HALL	
Signat	re of a member or authorized representative of a member			Printed or typed name of signee
hereb rovisio	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act perform	in this capa ance of my a Thantar 605	acity. I further agree to comply with t duties, and I am familiar with and acc F.S. Or, if this document is being fi

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2017

TUNYA HALLBACK BRAIDS UNLEASHED LLC 111 WEST MARTIN LUTHER KING, JR. BLVD. PLANT CITY, FL 33563

SUBJECT: BRAIDS UNLEASHED LLC

Ref. Number: L16000212822

We have received your document for BRAIDS UNLEASHED LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 217A00010152

THE BACK OF THIS DOCUMENT CONTAINS AN "AMSCOT" ARTIFICIAL WATERMARK - HOLD AT AN ANGLE AMSCOT CORPORATION AMSCOT CORPORATION P.O. BOX 25137 TAMPA, FL 33622-5137 ** TWENTY - FIVE AND 00/100 DOLLARS Payable through Banchirst PURCHASER AND PAYEE ARE SUBJECT TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIGN TURE THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

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