9/11/2020 Division of Corporations grida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC.

	Account Number	:	I20090000081
RIVENTE	Phone	:	(307)200-2803
SEP 1 3 2020	Fax Number	:	(855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LLC REGISTERED AGENT CHANGE BELLEZA BROWS, LLC Certificate of Status Certified Copy Page Count Estimated Charge \$25.00

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Help

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>B</u>	elleza Brows		
_{2. (a)} 4880 NW 4TH ST.	(b) 4880 NW 4TH ST.		
Principal office address of limited liabili (<u>Note: MUST BE STREET ADD</u>	y company: Mailing address of limited liability co	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
MIAMI, FL 33126	MIAMI, FL 33126		
12/29/2016	L170000003		
3. Date of filing/registration in Fl	orida 4. Document number		
5. (a) UNITED STATES CORPORATION	NAGENTS, INC.		
Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:		
5575 S. SEMORAN BLVD.		(E)	
Registered Office Address (MUST BE FLO	IDA STREET ADDRESS)		
SUITE 36			
ORLANDO	, _{FL} 32822		
	P1, <u></u>	כי	
(b) Registered Agents Inc	ب	, 1	
Enter name of <u>NEW Registered Agent</u> and/or	ب EW Registered Office address:	2	
7901 4th St N			
NEW Registered Office Address:			
STE 300			
St. Petersburg	, FL_33702		
If the limited liability company is not organized	under the laws of the State of Florida, it is hereby confirmed th	iat after	

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.

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Riley Park

Signature of a member or authorized representative of a member

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.

See Nume Bill Havre - Assistant Secretary

Signature of Registered Agent

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