

L 7000069550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D BRUCE
AUG 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hairstylist Cruise LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L17000069550

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Mayo
Name of Person

Hairstylist Cruise LLC
Name of Firm/Company

33347 Irongate Dr.
Address

Leesburg, FL 34738
City/State and Zip Code

Hairstylistcruise LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Mayo at (352) 455-1895
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**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: Hairstylist Cruise LLC

2. (a) 33347 Irongate Dr (b) 33347 Irongate Dr.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Leesburg FL 34788

Leesburg, FL 34788

3. 3-27-17
Date of filing/registration in Florida

4. L17000069550
Document number

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

33347 Irongate Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Leesburg, FL 34788

(b) Vicki Nittinger

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

3801 Crown Point Rd. Unit 1144

NEW Registered Office Address:

Jacksonville, FL 32257

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.

Paula Mayo
Signature of a member or authorized representative of a member

Paula Mayo
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.

Paula Mayo
Signature of Registered Agent

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