

JUN/26/2018/TUE 02:44 PM

6/26/2018

P. 001

**LIT0007248**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000189673 3)))



H18000189673ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

Email Address: documents@incorp.com

**LLC REGISTERED AGENT CHANGE  
BEAUTY STAR ALLIANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN/28/2013/TUE 02:44 PM

FAX No.

P. 002

H18000189673 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEAUTY STAR ALLIANCE 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:

Katie Lawson

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Lawson for InCorp Services, Inc. at ( 702 ) 866-2600 ext. 6930

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

INHS18 (2/14)

H18000189673 3

H18000189673 3

# 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: BEAUTY STAR ALLIANCE LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
6-05 Saddle River Road #181  
Fair Lawn, NJ 07410
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
6-05 Saddle River Road #181  
Fair Lawn, NJ 07410
3. 04/08/2017  
Date of filing/registration in Florida
4. L17000077248  
Document number
5. (a) REGISTERED AGENTS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
17888 67th Court North  
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
Loxahatchee, FL 33470
- (b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
, FL

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

Roman Tkach  
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] Katie Lawson on behalf of InCorp Services, Inc.  
Signature of Registered Agent

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

H18000189673 3