



**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.**

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To:

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

From:

Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 666-2500  
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

2018 JUN 26 PM 4:58  
RECEIVED  
FLORIDA DEPARTMENT OF  
CORPORATIONS

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

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

JUN/26/2018/TUE 02:44 PM

EX No.

P. 002

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## 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.

Finu/Company

3773 Howard Hughes Parkway Suite 500S

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**Address**

Las Vegas, NV 89169-6014

**City/State and Zip Code**

documents@incomp.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 ) 866-2500 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

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FAX No.

P. 003

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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: 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. Date of filing/registration in Florida 4. Document number  
04/06/2017 L17000077248

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 of a member or authorized representative of a member

Roman Tkach

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.

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

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

INHS18 (2/14)

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