

L17000173199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

J. J. EGGETT
APR 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio M Salon and Boutique

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:

Amanda Lee

Name of Person

Studio M Salon and Boutique

Firm/Company

83 Jacaranda Dr.

Address

Safety Harbor, FL - 34695

City/State and Zip Code

ajlee@tampabay-fl.com

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

For further information concerning this matter, please call:

Amanda Lee

Name of Person

at

(727) 919-2570

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

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: Studio M Salon and Boutique
2. (a) 83 Jacaranda Dr. SH, FL 34695 (b) 83 Jacaranda Dr. SH, FL 34695
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 8-14-2017 4. 47000173199
Date of filing/registration in Florida Document number

5. (a) Corporate Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

- (b) Amanda Lee
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

83 Jacaranda Dr.
NEW Registered Office Address:

Safety Harbor

Safety Harbor, FL 34695

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.

Amanda Lee
Signature of a member or authorized representative of a member

Amanda Lee
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.

Amanda Lee
Signature of Registered Agent