

L1800001154+2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FEB 07 2018

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bellisima Nail & Hair Salon Spa 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:

Maray Duenas Suarez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

50 Abaco dr

\_\_\_\_\_  
Address

Palm Springs, Florida 33461

\_\_\_\_\_  
City/State and Zip Code

maray1980duenas@gmail.com

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

For further information concerning this matter, please call:

Maray Duenas Suarez                      561                      460-9626  
\_\_\_\_\_  
Name of Person                      at (                      )                      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: BELLISIMA NAIL & HAIR SALON SPAC LLC

2. (a) 4618 B FOREST HILL BLVD (b) 50 ABACO DR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

WEST PALM BEACH, FL, 33415

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PALM SPRINGS, FL, 33461

01/12/2018

L18000011542

3. Date of filing/registration in Florida

4. Document number

5. (a) MARAY DUENAS SANCHEZ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4618 B FOREST HILL BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH

FL 33415

(b) MARAY DUENAS SUAREZ

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

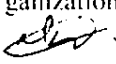
4618 B FOREST HILL BVD

NEW Registered Office Address:

WEST PLM BEACH

FL 33415

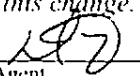
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

MARAY DUENAS SUAREZ

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.*

  
Signature of Registered Agent