

L18000015050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000311044900

04/02/18--01042--016 \*\*25.00

FILED  
2018 APR -2 P 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4411805

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ETERNAL ESSENCE BY CLAIRE 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:

CLAIRE BALAWASDER

Name of Person

ETERNAL ESSENCE BY CLAIRE LLC

Firm/Company

702 AVOCET ROAD

Address

DELRAY BEACH, FLORIDA 33444

City/State and Zip Code

cam.423@hotmail.com

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

For further information concerning this matter, please call:

CLAIRE BALAWASDER

Name of Person

at ( 724 ) 977-1729

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

FILED  
2010 APR - 2 P 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ETERNAL ESSENCE BY CLAIRE LLC

2. (a) 702 AVOCET ROAD (b) 702 AVOCET ROAD

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

DELRAY BEACH, FLORIDA

DELRAY BEACH, FLORIDA

33444

33444

1/17/2018

L18000015050

3. Date of filing/registration in Florida

4. Document number

5. (a) CLAIRE BALAWAJDER

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

702 AVOCET ROAD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

DELRAY BEACH

, FL 33444

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2018 APR -2 P 12:33

FILED

(b) CLAIRE BALAWAJDER

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

702 AVOCET ROAD

**NEW** Registered Office Address:

DELRAY BEACH

, FL 33444

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.

Claire Balawajder  
Signature of a member or authorized representative of a member

CLAIRE BALAWAJDER

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.

Claire Balawajder  
Signature of Registered Agent

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

FILING FEE: \$25.00