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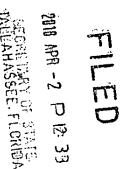
(Requestor's Name)						
(Address)						
(Ac	idress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	• *					

Office Use Only



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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 BALAWANDER						
Name of Person						
ETERNAL ESSENCE BY CLAIRE LLC						
Firm/Company						
` · ·						
702 AVOCET ROAD						
Address						
22 1						
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 at (724) 977-1729						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314						
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$25 Filing Fee & Certified Copy						

INHS18 (2/14)

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. Na	ame of the limited liability company: ETERNAL E	ESSENC	E BY	CLAIRE LL	e
2. (a)	702 AVOCET ROAD	(L)	702	AVOCET R	CAO
2. (a)	Principal office address of limited liability company:	_ (b)		failing address of limit	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PO	, , ,
	DELRAY BEACH, FLORIDA	 -	DELRA	HY BEACH,	FLORIDA
	33444	- -		33444	
	1117/2018		L18	000015050	ı
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	CLAIRE BALAWAJOER				
3. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida D	Dept. of State:	:	
	702 ANDCET ROAD			5	<u>73</u> .
	Registered Office Address (MUST BE FLORIDA STREET A	DDECC			22
	_	I/I/KLSS/			3
	DELRAY BEACH			金	-2
	FL	3341	44		m
	7			THE STATE OF THE S	S O
(b)	CLAIRE BALAWAJDER				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	ess:		; w
	702 AVOCET ROAD				
	NEW Registered Office Address:				
	DELRAY BEACH				
	. FL	3344	14		
	,				
If the li	imited liability company is not organized under the law- nge or changes are made, the Florida street address of t	s of the S	tate of Flor	rida, it is hereby co	onfirmed that after
agent v	vill be identical. Or, in the case of a Florida limited liab	bility com	pany, it is	hereby confirmed	that the change(s)
was/wo	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limited lia	ed liability	company or as oth	nerwise provided in
//	1 . On land a land				2
Signal	are of a member or authorized representative of a member			Printed or typed name	
	by accept the appointment as registered agent and agre	e to act in		• • •	•
provisi	ons of all statutes relative to the proper and complete p	performan	ice of mv d	luties, änd I am fan	miliar with and accept
to mere	igations of my position as registèred agent as provided By reflect a change in the registered office address, I he Litywriting of this change	ereby con	firm that ti	he limited liability	company has been
nonjier	Kilfwriting of this change.				
Signatu	re of Registered Agent				

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