

L180000 49430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

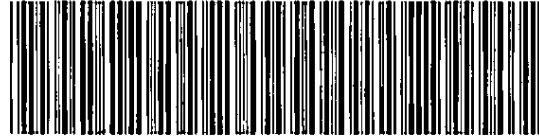
(Business Entity Name)

(Document Number)

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JUL 23 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eclectic 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:

Dylan Zsebe
Name of Person

Zsebe and Associates
Firm/Company

912 Se 46th Lane #202
Address

Cape Coral FL 33904
City/State and Zip Code

Dylan@zsebecpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Zsebe at (239) 549-1368
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

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: ECLECTIC Salon and Spa LLC

2. (a) 41032 Vincennes Blvd #103 (b) 1909 NW 24TH AVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Cape Coral FL 33904 Cape Coral FL 33993

3. 2/11/19 4. L18000049430
Date of filing/registration in Florida Document number

5. (a) Alexander Evers
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4121 Del Prado Blvd S
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Cape Coral
Florida FL 33904

(b) Dylan Zsebe
Enter name of NEW Registered Agent and/or NEW Registered Office address:

912 SE 410th Lane #202
NEW Registered Office Address:
Cape Coral
Florida FL 33904

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TALLAHASSEE, 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]
Signature of a member or authorized representative of a member

Stephanie Locato
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.

[Signature]
Signature of Registered Agent

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