

UB000087966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

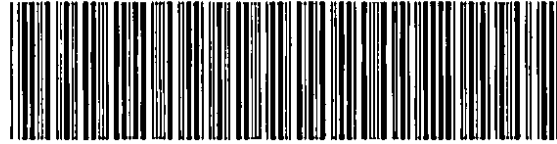
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1/23/19 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2018

ELIZABETH THOMAS  
11427 LAKE CYPRESS LOOP  
FT MYERS, FL 33913

SUBJECT: LIZ THOMAS HAIR, LLC  
Ref. Number: L18000087966

We have received your document for LIZ THOMAS HAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00024809

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2019 JAN 22 PM 12:15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Liz Thomas Hair  
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:

Elizabeth Thomas  
Name of Person

Liz Thomas Hair  
Firm/Company

11427 Lake Cypress Loop  
Address

Ft Myers FL 33913  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Thomas at ( 239 ) 443 9038  
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

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**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: 42 Thomas Hair

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

15680 Spring Line Lane  
ft Myers FL 33405

Mailing address of limited liability company:

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

11427 lake cypress loop  
ft Myers FL 33913

3. 04/04/2018 Date of filing/registration in Florida 4. LI8000087966 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

15680 Spring Line Lane  
fort Myers FL 33405

(b) Elizabeth Thomas  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

11427 lake cypress loop  
ft Myers FL 33913

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.

Elizabeth Thomas  
Signature of a member or authorized representative of a member

Elizabeth Thomas  
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.

Elizabeth Thomas  
Signature of Registered Agent

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