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127 Changes

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TIFFY - J BEAUTY Name of Limited Li	ability 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 f	following:		
Tiffany Jean Name of Person	_		
Tiffy-J Beauty Firm/Company			
1490 4th ct Address			
Ver C Beach FL 32960 City/State and Zip Code	<del></del>		
E-mail address: (to be used for future annual report notifi	Cation)	T 3	
For further information concerning this matter, please call:			
Tiff(IN) JCCIO at (772)	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		71
Enclosed is a check for the following amount:			
\$25 Filing Fee	5 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.	Name of the limited liability company: 11444	-J Reauta
	1-7114to (1-	1571 4th (t
2. (	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	HERC BEACH FL 32960	vero Beach FL 32960
	8/03/2018	L18000186616
3.	Date of filing/registration in Florida	4. Document number
5. (	a) LCOMMO COMPONENTS Ser	CVICES INC.
	-077	omans
	Registered Office Address (MUST BE FLORIDA STREE	T I ( )
	Suite 400	
	Fort Myers	FL 33907
_	Tiffonil Jean	
(1	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:
	arcan on the one Till con	1 7000
	MARIOUGHUNU MATCINU	1 JCCV)
	NEW Registered Office Address:	. •
	1490 4th C.t	<del></del>
	vero Brach	EL32960
16.1	The state of the s	No. 1. Cab. Care. CPlented. It is breaken and Grand short of and
char agen was/	age or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited	e laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) are of the limited liability company or as otherwise provided in the limited liability company.
Sig	mature of a member or authorized representative of a member	Printed or typed name of signee
prov the o to m notif	reby accept the appointment as registered agent and a sisions of all statutes relative to the proper and complet obligations of my position as registered agent as provide erely reflect a change in the registered office address, little in writing of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed , I hereby confirm that the limited liability company has been