

L18 000193854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

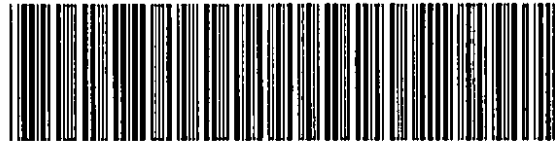
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/06/22--01003--002 **25.00

2022 JUL -6 AM 9:20

Re Change

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D. C. C. C. C.

J O N E S
F O S T E R

June 30, 2022

Department of State
Division of Corporations
Registration Section
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Pure Skin Collagen Boutique, LLC
Document No. L18000193854

To Whom it May Concern:

Enclosed please find a check for the filing fee in the amount of \$25.00 payable to the Florida Department of State regarding the Statement of Change of Registered Agent for the above-referenced entity.

Thank you and should you have any questions or need any further information, please contact our office.

Sincerely,
JONES FOSTER, P.A.



Simone Kochav
Corporate Paralegal

Encl.

2022 JUL -6 AM 9:20

E S T .
1 9 2 4

skochav@
jonesfooster.com
561-650-0471 T
561-650-5300 F

505 S. Flagler Drive
Suite 1100
West Palm Beach
Florida 33401

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE SKIN COLLAGEN BOUTIQUE, 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:

JONES FOSTER SERVICES, LLC

Name of Person

JONES FOSTER PA

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

jfservice@jonesfooster.com

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

For further information concerning this matter, please call:

KEVIN LAMB

561 659-3000
at (-)

Name of Person

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

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: PURE SKIN COLLAGEN BOUTIQUE, LLC
2. (a) 2810 SOUTH DIXIE HIGHWAY
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WEST PALM BEACH, FL 33405
- (b) 1701 SOUTH FLAGLER DRIVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
#1201
WEST PALM BEACH, FLORIDA 33401
3. 08/07/2018
Date of filing/registration in Florida
4. L18000193854
Document number
5. (a) GOWDY, JENNIFER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1701 S FLAGLER DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
#1201
WEST PALM BEACH, FL 33401
- (b) JONES FOSTER SERVICE, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
505 SOUTH FLAGLER DRIVE, SUITE 1100
NEW Registered Office Address:
WEST PALM BEACH, FL 33401

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.

Jennifer Gowdy
Signature of a member or authorized representative of a member

JENNIFER GOWDY, MEMBER

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.

Jay S. [Signature]
Signature of Registered Agent

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

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