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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: ERIN SALON, 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:   |
| IRENE ALKATSHA Name of Person   |
| ERIN SALON LIC Firm/Company   |
| 202 Canterbury Pl.  |
| Royal Palm Beach, FL 33414  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| TRENG ALKATSHA at (561) 568 - 2910  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:   |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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 lim                           | ited liability company:   | <u>ERIN</u>                  | SALON                      | LLC_                                      |                  |  |
|------------------|---|---|------------------------------|----------------------------|---|------------------|--|
| 2.               | (a) 801 N. G                              | ongress Ave.  | Ste. 597                     | (b) <b>202</b>             | Canter                                    | mrud             | Pl.  |
| -                | Principa                                  | al office address of limited lie  | ibility company:             | Mail                       | ing address of limited of the MAY BE POST | i liability comp | oany:  |
|                  |   |   | ٨                            | Royal                      |   | Beaul            |  |
|                  | 1004                                      | nton Sea  | <u> </u>                     | 170 y cm                   |   |                  | 4  |
|                  | <u> </u>                                  | 33476   |                              |                            | 3541                                      | 4                |  |
|                  | 11  | 120/2019  | 2                            | L180                       | 00270                                     | 895              |  |
| 3.               | Date                                      | $\frac{120/2019}{2019}$ of filing/registration in   | r Florida                    |                            | cument number                             |                  |  |
| 5.               | (a) North                                 | n west Re   | aistered 1                   | agent LLC                  | -<br>                                     |                  |  |
|                  | Registered Age                            | nt and Registered Office sho  | wn on the records of the     | Florida Dept. of State:    | _   |                  |  |
|                  | <u>303</u>                                | N 170CR   | J POINT                      |                            | 150 A =                                   | 2010             |  |
|                  | Registered Off                            | ice Address <u>(MOST BE P</u>   | <u>LURIDA STREET ADT</u>     | ZKESS)                     |   | 3                | ""   |
|                  | _   |   |                              | 32/27                      |   | - <u>-</u>       | i  |
|                  |   | ampa  | , FL                         | 33607                      |   | .>               | .11  |
|                  | (b)                                       | ENE AL  | KATSHA                       | <b>\</b>                   |   | $\dot{\sim}$     | J  |
|                  |   | NEW Registered Agent and  | or <u>NEW Registered Off</u> | fice address:              |   | 52               |  |
|                  | 801                                       | N. Wingre   | SC AUR                       | Suite =                    | 597                                       |                  |  |
|                  |   | ed Office Address:  | .05 . 100                    | <u> </u>                   | -   |                  |  |
|                  |   |   |                              |                            |   |                  |  |
|                  |   |   |                              | 20101                      |   |                  |  |
|                  | Doyr                                      | iton Seach  | , FL                         | 33426                      |   |                  |  |
| lf               | the limited liabilit                      | y company is not organ  | ized under the laws          | of the State of Florid     | la, it is hereby co                       | ntirmed that     | after  |
| ag               | ent will be identic                       | es are made, the Florida<br>al. Or, in the case of a  | Florida limited liabi        | lity company, it is he     | ereby confirmed t                         | hat the chan     | ige(s)                                       |
| the              | as/were authorized<br>e articles of organ | by an affirmative vote ization or the operating   | of the members of the lin    | ne limited hability compa- | ompany or as oth<br>ny.                   | erwise provi     | ided in                                      |
| _                | grent                                     | rela  |                              | <u>IRENE</u>               | AL KA                                     | TSHA             |  |
|                  | Signature of a member                     |   | 4"                           |                            | intad as tenad soma a                     | of signee        |  |
| ,                | -   | r or authorized representative  |                              |                            | inted or typed name of<br>ty              | -                | with the                                     |
| I.<br>pr         | harahy accept the                         | zunnaintment as reaistei  | ed moent and narve           | to act in this canach      | tv. I further nore                        | e to comply      | with the<br>id accept<br>ing filed           |
| pro<br>the<br>to | harahy accept the                         | appointment as register<br>tutes relative to the pro<br>y position as registered<br>hange in the registered | ed moent and narve           | to act in this canach      | tv. I further nore                        | e to comply      | with the<br>id accept<br>ing filed<br>s been |