L 19 000 270 098

(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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Amazon.com

(\$) OULUOQI Compatible with iPhone 11 Pro Max Case 2019, Shockproof

Ad

Change Business Address

fashionistaglow@gmail.com To: corphelp@dos.myflorida.com fashionistaglow Sent

Jan 3 at 11:09 AM

Print Raw message

To Whom it may concern,

I'll like to change my Principle and Mailing address for my business. The info is referenced below:

Business Name: FASHIONISTA GLOW LLC DOCUMENT# L19000270098

Previous Address: 498 HOPEWELL DR ORANGE PARK, FL 32073

Update Address To: 9526 ARGYLE FOREST BLVD, STE B2 #355 JACKSONVILLE, FL 32222

Thank you, Belinda Rose (904) 962-8977

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Yaghionigh Cal	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
	- <i>J</i>
Redinda 1 Rose Name of Person	
Faghionigta Cutow L	<u> </u>
498 Hopewen Dr Address	
City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Revised 1 Rose at (at (Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
\$25 Filing Fee	☐ \$55 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.

(Note: MIIST RE STREET ADDRESS) (Note: MAY	s of limited liability company:
Ofile Aregile Koret Blad #366 Ofile Aregil	110-17/ 32222
Date of filing/registration in Florida 4. Document registration in Florida	number
(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2020 HàY
0 - Congres Park .FL 32073	1 6 !
Enter hame of NEW Registered Agent and/or NEW Registered Office address:	ъН 6: 28
NEW Registered Office Address:	•
Janksonille FL 3222	
he limited liability company is not organized under the laws of the State of Florida, it is he inge or changes are made, the Florida street address of the registered office and the busines are will be identical. Or, in the case of a Florida limited liability company, it is hereby cons/were authorized by an affirmative vote of the members of the limited liability company of articles of organization or the operating agreement of the limited liability company.	ss office of the registered firmed that the change(s)

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 of Registered Agent