

120000 156541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

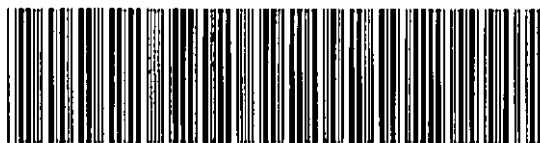
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2021 OCT 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL

**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.

REVAMP BEAUTY LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7901 4th St N STE 5178

St. Petersburg FL

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7901 4th St N STE 5178

St. Petersburg FL 33702

07/01/20

L20000186541

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

5. (a) POITIER, VENETIA L
I 861 NE 50TH COURT : shown on the records of the Florida Dept. of State:
POMPANO BEACH, FL 33064

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

Registered Agents Inc.

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

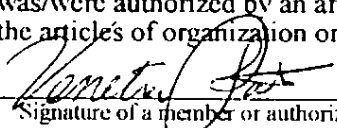
7901 4th St N

NEW Registered Office Address:

STE 300

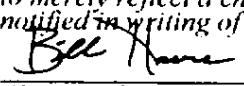
St. Petersburg 33702
_____, FL _____

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 article/s of organization or the operating agreement of the limited liability company.

_____
Signature of a member or authorized representative of a member

Venetia Poitier
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.

_____
Signature of Registered Agent

Bill Havre - Assistant Secretary

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SECRETARY OF STATE