

120000272304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

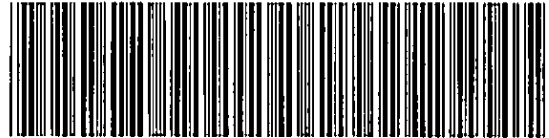
(Business Entity Name)

(Document Number)

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2021 OCT -6 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FL

10/7/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

23 OCT -6 PM 12:41

September 23, 2021

JAMES M LESSARD
255 FENWICK DR 24B
VENICE, FL 34285

SUBJECT: STUDIO 42 FRENCH CHEVEUX, LLC
Ref. Number: L20000272304

We have received your document for STUDIO 42 FRENCH CHEVEUX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00023032

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio 42 French Cheveux, 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:

James M. Lessard
Name of Person

Firm/Company

255 Fenwick Dr. 24B
Address

Venice, FL 34285
City/State and Zip Code

studio42srg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Lessard at (941) 536-1450
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: Studio 42 French Cheveux, LLC
2. (a) 3578 Clark Rd. Suite 112 (b) 255 Fenwick Dr. 2413
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Sarasota, FL 34231

Venice, FL 34285

3. 9/1/2020 Date of filing/registration in Florida 4. L200000272304 Document number

5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th St. N, Suite 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33702

- (b) James M. Lessard
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

255 Fenwick Dr. 2413
NEW Registered Office Address:

Venice, FL 34285

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.

Bianca Robinson
Signature of a member or authorized representative of a member

Bianca Robinson
Printed or typed name of signer

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.

James M. Lessard
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL