

120000337157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

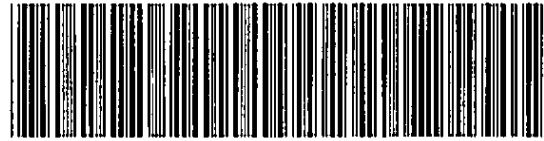
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 17 AM 7:45

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DEC 22 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lush Brow Studio 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:

Beverly Neely

Name of Person

Lush Brow Studio

Firm/Company

21433 Northwood Dr.

Address

Lutz, FL 33549

City/State and Zip Code

LushBrowStudiobybev@gmail.com

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

For further information concerning this matter, please call:

Beverly Neely

Name of Person

at (808) 375-3500

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2021

BEVERLY NEELY
21433 NORTHWOOD DR
LUTZ, FL 33549

SUBJECT: LUSH BROW STUDIO LLC
Ref. Number: L20000337157

We have received your document for LUSH BROW STUDIO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00029414

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: LUSH BROW STUDIO

2. (a) 27453 cashford cir (b) 21433 NORTHWOOD Dr.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

STE. 102 Wt2, FL 33649
Wesley Chapel FL 33644

3. 12/13/21 4. L20000337157
Date of filing/registration in Florida Document number

5. (a) Legalinc Corporate Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 summerlin commons
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 400
Fort Myers, FL 33907

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

21433 NORTHWOOD Dr.
NEW Registered Office Address:

Wt2, FL 33649

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.

[Signature] Beverly Neely
Signature of member or authorized representative of a member 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.

[Signature]
Signature of Registered Agent

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