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(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Z	(ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document	Number)	
Certified Copies Ce	ertificates of Status	
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Special Instructions to Filing Of	ncer:	
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Office	llse Only	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: Privi Beauty Name of Limited	LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
Sophia D. Shaw Name of Person		
Privi Beauty UC Firm/Company		
2700 Sorrierset Dr. 116		
Lauderdale Lakes, FL 3331 City/State and Zip Code	<u>/</u>	
E-mail address: (to be used for future annual report noti	fication)	
For further information concerning this matter, please call:		
Saphi'a Shaw at (954) Name of Person	) 702 -50 6 3 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	555 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.

· · · · · · · · · · · · · · · · · · ·	$\sim$	
I Name and the limited liability gamesan	thivi' Beauty 16C.	
I. Name of the limited liability company:	7. 1 #112 708 101 000	nerrial Blyd #111
2. (a) /SOO /V. /OVMMEVCICE/ B  Principal office address of limited liability cor	· / — · · / — · · · / — · · · · · · · ·	MENCIAL SING #///
(Note: MUST BE STREET ADDRESS		BE POST OFFICE BOX)
Lauderhill, FL 333	319 Lauderhill,	FL 33319
	,	
04/06/2012/	L 21000 1585	506
3. Date of filing/registration in Florida	a 4. Document nu	
s. (a) Sephia D. Shan	ν	~
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:	2022
2700 Somerset Dr	<u> </u>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Registered Office Address (MUST BE FLORIDA	4 STREET ADDRESS)	
116		) P
<u>Lauderdale</u> Lakes	fl_ <u>33311</u> _	n,
Salia N Cl 181		- m
(b) Dua D. Marv Enter name of NEW Registered Agent and/or NEW	Dagistared Office address	
	1	
7500 W. Commercy	al Blvd#1113	
NEW Registered Office Address:		
)	22219	
<u>Lauderhill</u>	, <sub>FL</sub> 33319	
If the limited liability company is not organized und		
change or changes are made, the Florida street addressent will be identical. Or, in the case of a Florida l	limited liability company, it is hereby confir	rmed that the change(s)
was/were authorized by an affirmative vote of the mathematics of organization or the operating agreements.	nembers of the limited liability company or ent of the limited liability company.	as otherwise provided in
Land Shirt	Sonluia D.S	Shaw
Signature of a member or authorized representative of a mem	nher Printed or typed	I 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