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16266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

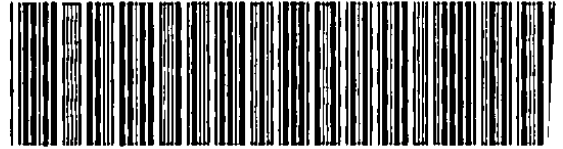
(Business Entity Name)

(Document Number)

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2022 NOV 14 PM 5:00
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arcelia's Aesthetics 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:

Sarah Drew
Name of Person

Arcelia's Aesthetics
Firm/Company

19275 NW 27th Ave Apt 4301
Address

Miami Gardens FL 33056
City/State and Zip Code

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

For further information concerning this matter, please call:

Sarah Drew at (210) 739-3852
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
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

1. Name of the limited liability company: Arceia's Aesthetics LLC

2. (a) 3580 Mystic Pointe Dr (b) 19275 NW 27th A

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 15
Aventura, FL 33180

Apt 4301
Miami Gardens FL 33056

04/08/2021

L21000162661

3. Date of filing/registration in Florida

4. Document number

5. (a) Sarah Drew

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4513 W ATLANTIC Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Apt 1913

Coconut Creek FL 33066

(b) Sarah Drew

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

19275 NW 27th Ave

NEW Registered Office Address:

Apt 4301

Miami Gardens FL 33056

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 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.

Sarah Drew
Signature of a member or authorized representative of a member

Sarah Drew
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 understand 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 notified in writing of this change.

Sarah Drew
Signature of Registered Agent

2022 NOV 14 PM 4:16
DIVISION OF STATE
TALLAHASSEE, FL