## L21 000 366733

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SECTAL AT OF STATE

## **COVER LETTER**

TO:	_	stration Section sion of Corporations			
SUBJ	ECT:	DEJASIMONE.BEAUTY.L	LC		
	Name of Limited Liability Company				
Dear S	Sir or N	1adam:			
The er	nclosed	Registered Agent/Registe	red Office Change a	nd fee(s) are submitted for filing.	
Please	return	all correspondence concer	ning this matter to the	ne following:	
DEJA	SIMON	NE HALLUMS-BROWN			
		Name of Perso	n	<del></del>	
DEJAS	SIMON	E.BEAUTY.LLC			
		Firm/Company			
2046 V	VINTE	RSET DRIVE			
		Address		<del></del>	
LAKE	LAND.	FLORIDA 33813			
		City/State and Zip	Code		
IDEFII	NEBEA	AUTY.NB@GMAIL.COM			
I	i-mail	address: (to be used for fut	ure annual report ne	otification)	
For fu	rther in	formation concerning this	matter, please call:		
DEJA	S HAL	LUMS-BROWN	863 at (	409-5232	
_		Name of Person		Area Code & Daytime Telephone Number	
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	osed is a check for the fol	lowing amount:		
	□ \$2	5 Filing Fee	<b>a</b>	\$35 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIAB!LITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the State of F

1.	Na	ame of the limited liability company: DEJASIMONE.BE	EAUTY
2.	(a)		(b)
	\- <i>/</i> -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
		2046 WINTERSET DRIVE LAKELAND FLORIDA 3381.	13 2046 WINTERSET DRIVE LAKELAND FLORIE
		08/13/2021	1.21000366733
3.		Date of filing/registration in Florida	4. Document number
5.	(a)	Cheyenne Moseley, US Co Registered Agent and Registered Office shown anothe records of the	Orp, Hoents he Florida Deptcor State:
		United States Corporation Registered Office Address (MUST BE FLORIDA STREET A)	+aents INC =
		5575 S. Semonan B	1vd 36 = 8
		Criando FL	38822
	(b)		Office address:
		Enter name of NEW Registered Agent and/or NEW Registered C	Office address:
		DEJA SIMONE HALLUMS-BROWN	<del>, , , , , , , , , , , , , , , , , , , </del>
		NEW Registered Office Address:	
		2046 WINTERSET DRIVE	
		LAKELAND FL <sup>3</sup>	33813
cha age wa	ange ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the member, of cles of organization or the operating agreement of the li	registered office and the business office of the register pility company, it is hereby confirmed that the change the limited liability company or as otherwise provide
	<u>) l</u>	1a. S. Hallums-Pornum	DEJA S¿MONE HALLUMS-BROWN
S	ignat	url of a member or authorized representative of a member	Printed or typed name of signee
pro the to i	visi obli ngre	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change.	e to act in this capacity. I further agree to comply wiverformance of my duties, and I am familiar with and of for in Chapter 605, F.S. Or, if this document is being creby confirm that the limited liability company has b

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