LZI 000372166

(Requestor's Name)				
(Address)				
(Address)				
(6) (6) (7)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

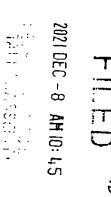
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Office Use Only



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C. BRUMBLEY
DEC 222021

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Opic's Elite Beauty Supply	_			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office Chan	ge and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	to the f	îollowing:		
	Ophelia S. Beckwith				
	Name of Person		_		
	Opie's Elite Beauty Supply				
	Firm/Company				
	6751 Spanish Lakes Blvd				
	Address		_		
	Fort Pierce, FL 34951				
	City/State and Zip Code				
	opiebeck@gmailcom				
E	-mail address: (to be used for future annual repo	rt notifi	cation)		
For fur	ther information concerning this matter, please c	all:			
	Ophelia S. Beckwith	772	237-9154		
	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	t:			
	■ \$25 Filing Fee	□ \$5	55 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.

Nam	e of the limited liability company: Opie's E	lite Beauty Supply	الثا
a)	319 Indrio Road, Suite 4, Fort Pierce, FL 34951	(b) 67	51 Spanish Lakes Blvd, Fort Pierce, FL 34951
<i>a)</i>	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	08/19/2021		L21000372166
	Date of filing/registration in Florida	4	Document number
	Legalcorp Solutions, LLC	٠,	Boother name:
(a) _		-16.b - 1111. D	
K	egistered Agent and Registered Office shown on the recor	rds of the Florida Dept	of State:
	,		
К	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
-	3440 W Hollywood Blvd, Suite 415		20:
	Hollywood	.FL 33021	21 DEC
b) <u> </u>	nter name of NEW Registered Agent and/or NEW Regis	stered Office address:	AHIO: 45
	NEW Registered Office Address:		_
	6751 Spanish Lakes Blvd		
_	Fort Pierce	34951	
_		_, FL	
ige oi it wil /were	ited liability company is not organized under the rehanges are made, the Florida street address of a be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the members of organization or the operating agreement of	of the registered off ed liability compar sers of the limited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided it
grature	e of a member or authorized representative of a member	_	Printed or typed name of signee
ereby visión obliga verely	accept the appointment as registered agent and is of all statutes relative to the proper and comp ations of my position as registered agent as pro preflect a change in the registered office addres	d agree to act in the plete performance wided for in Chapt ss. I hereby confirm	is capacity. I further agree to comply with of my duties, and I am familiar with and acc ter 605, F.S. Or, if this document is being fi or that the limited liability company has been