

L21000453660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

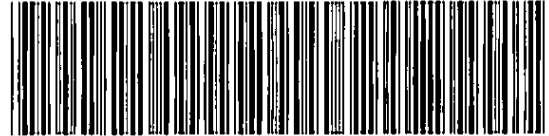
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100398835571

RECEIVED

2022 DEC 14 PM 12:34

TALLAHASSEE, FLORIDA

FILED

2022 DEC 14 AM 9:04

TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/14/2022

Acc#I20160000072

en: c SW

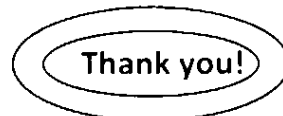
Name:	Hair Medicinal Group LLC
Document #:	
Order #:	14680083

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hair Medicinal Group 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:

Nikki Baniewicz

Name of Person

Apotheco Pharmacy

Firm/Company

788 Morris Tpke Fl 3

Address

Short Hills, NJ 07078-2637

City/State and Zip Code

nikki@apothecopharmacy.com

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

For further information concerning this matter, please call:

Roseann O'Hara, Paralegal

312 862-2000
at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: Hair Medicinal Group LLC

2. (a) 480 NE 31st Street, #1805, Miami, FL 33137
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 480 NE 31st Street, #1805, Miami, FL 33137
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 10/18/2021 Date of filing/registration in Florida

4. 1.21000453660 Document number

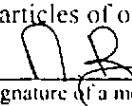
5. (a) Dhaval Bhanusali
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
480 NE 31st Street, #1805
Miami, FL 33137

(b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

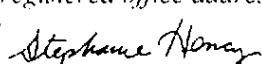
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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 of a member or authorized representative of a member

Nikolette Baniewicz
Printed or typed 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.

By: C T Corporation System 
Signature of Registered Agent Stephanie Hencz

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2022 DEC 14 AM 9:04
TALLAHASSEE, FL
STATE OF FLORIDA