

121 000 458 912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

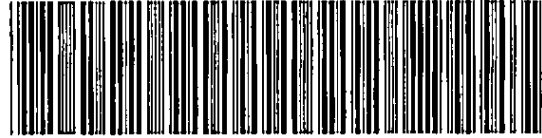
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376296793

11/08/21--01015--026 ++25.00

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2021 NOV 08 PM 3:28
CLERK OF STATE
TALLAHASSEE, FL

V. CULKER
NOV 24 2021



DoMyLLC

5716 Corsa Ave Suite 110
Westlake Village, CA 91362

Phone: (818) 264-4266
Toll-Free: (888) 366-9552
Fax: (877) 366-9552
www.DoMyLLC.com

November 3, 2021

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

Dear Florida Secretary of State,

Enclosed please find the Change of Registered Agent and Filing fee for Shades and Fades Hair Studio LLC.

Check #: 2582

Check Amount: \$25.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC
Attn: Processing
5716 Corsa Ave. Suite 110
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing
Processing@domyllyc.com
www.DoMyLLC.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADES AND FADES HAIR STUDIO LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Jourdan Cerrillo

Name of Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave. - Suite 110

Address

Westlake Village, CA 91362-7354

City/State and Zip Code

compliance@domyllc.com

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

For further information concerning this matter, please call:

Jourdan Cerrillo 888-366-9552

Name of Person

at

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 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: Shades & Fades Hair Salon LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

122 East Alfred St.

Tavares, FL 32778

10/21/2021

L21000458912

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) ZENBUSINESS INC.

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

336 E. COLLEGE AVE. SUITE 301

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) InCorp Services, Inc.

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

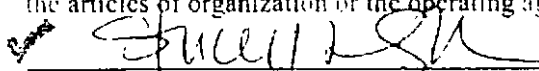
17888 67th Court North

NEW Registered Office Address

Loxahatchee, FL 33470

FILED
2021 NOV 08 PM 3:28
CLERK OF STATE
TALLAHASSEE, FL

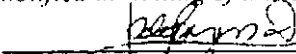
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Stacey Lyn Siudak

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 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

Isabel Burgos on behalf of InCorp Services, Inc.