

L22 0000 44970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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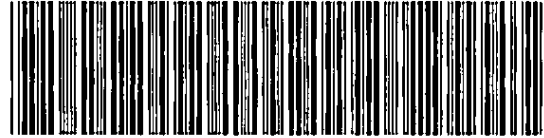
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/28/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAIL Beauty AND LASH BAR SALON AND SPA 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:

MARIA TORRES
Name of Person

NAIL Beauty AND LASH BAR SALON AND SPA LLC
Firm/Company

5444 N. SPRINGS WAY
Address

PORT SPRINGS, FL 33076
City/State and Zip Code

NAI12BYMARIAN@gmail.com NAI12BYMARIAN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA TORRES at (954) 531-4997
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 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: NAIL Beauty and LASH BAR Salon and Spa LLC
2. (a) 5444 N SPRINGS WAY CORAL SPRINGS, FL (b) 5444 N SPRINGS WAY CORAL SPRINGS, FL
Principal office address of limited liability company: 33076 Mailing address of limited liability company: 33076
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 5444 N SPRINGS WAY 5444 N SPRINGS WAY
CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076
3. 01/25/2022 4. 622000044970
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5575 SOUTH SEMORAM BLVD 36
ORLANDO FL 32822

- (b) MARIA TORRES
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

5444 N. SPRINGS WAY
CORAL SPRINGS FL 33076

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

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.

Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL