

L22000275404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

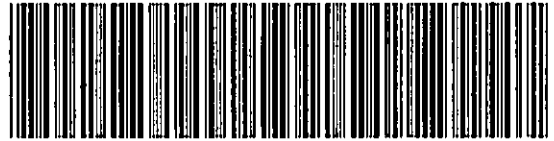
(Business Entity Name)

(Document Number)

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2022 12 27 AM 11:57
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauty Bliss 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:

Maya Risteska

Name of Person

Beauty Bliss LLC

Firm/Company

18061 Highwoods Preserve Pkwy Suite 8A

Address

Tampa, FL 33647

City/State and Zip Code

INFO@BEAUTYBLISSACADEMY.COM

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

For further information concerning this matter, please call:

Maya Risteska 813 352-1433
 _____ at (_____) _____
 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: BEAUTY BLISS LLC
2. (a) 18061 HIGHWOODS PRESERVE PKWY
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 8A
TAMPA, FL 33647
- (b) 18311 HIGHWOODS PRESERVE PKWY
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
UNIT 1110
TAMPA, FL 33647
3. 06/16/2022 Date of filing/registration in Florida
4. L22000275404 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
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 301
TALLAHASSEE, FL 32301
- (b) MAYA RISTESKA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
18311 HIGHWOODS PRESERVE PKWY
NEW Registered Office Address:
UNIT 1110
TAMPA, FL 33647

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JUN 27 AM 11:57
TALLAHASSEE, FL
STATE

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.

MAYA RISTESKA

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

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