

L22000413399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

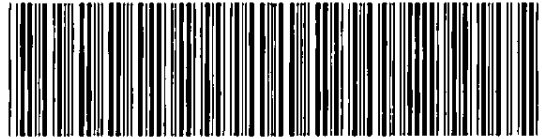
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2023

CANDICE PYKA
THE MANE EVENT HAIR SUITE
1145 JENKS AVE
PANAMA CITY, FL 32401

SUBJECT: THE MANE EVENT HAIR SUITE, LLC
Ref. Number: L22000413399

We have received your document for THE MANE EVENT HAIR SUITE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 523A00027893

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Mane Event Hair Suite
Name of Corporation

DOCUMENT NUMBER: L22000413399

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candice Pyka

Name of Contact Person

The Mane Event Hair Suite

Firm/Company

1145 Jenks Ave

Address

Panama City, fl 32401

City/State and Zip Code

Hairbycandicep@gmail.com

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

For further information concerning this matter, please call:

Candice Pyka

Name of Contact Person

at (850) 354-6202

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: The Mane Event Hair Suite

2. (a) 1145 Jenks Ave / PC, FL 32401 (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 9/21/22 4. ~~00000000~~ L22000413399
Date of filing/registration in Florida Document number

5. (a) Inc. Authority RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

390 N. Orange Ave STE 2300-N
Orlando, FL 32801

(b) Candice Pyka
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

The Mane Event Hair Suite
NEW Registered Office Address:
1145 Jenks Ave
Panama city, FL 32401

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.

Candice Pyka
Signature of a member or authorized representative of a member

Candice Pyka
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.

Candice Pyka
Signature of Registered Agent