# L24000391550

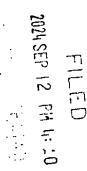
(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer		
J. HORNE SEP 17 2024			
	SEP	1 7 2024	

Office Use Only



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#### **COVER LETTER**

Division of Corporations		
Venus Skincare by Christine LLC SUBJECT:		
	e of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to th	e following:
Christine M Martinez		
Name of Person		
Venus Skincare by Christine LLC		
Firm/Company		
2990 NW 156 St		
Address		<del></del>
Miami Gardens, FL 33054		
City/State and Zip Code		
martinezchristy013@gmail.com		
E-mail address: (to be used for future annu	ial report not	ification)
For further information concerning this matter, p	olease call:	
Christine M Martinez	786	305-2519
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.

Na	me of the limited liability company: Venus Skincare b	y Christi	ne L	LLC
(a)	5901 NW 183 St, 202, Hialeah, FL 33015		b)	2990 NW 156 St. Miami Gardons - FL 33054
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	~,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_	_	
	July 1, 2024		1.2	24000291550
	Date of filing/registration in Florida	4,		Document number
a)	Christine M Martinez			
,	Registered Agent and Registered Office shown on the records of	the Florie	a De	Dept. of State:
	Venus Skineare by Christine LLC			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>	707
	5901 NW 183 St, 202			· SE F
	Hialeah en	33015		FILED 2024 SEP 12 PH 4: 10
	, fl.			2 11
h)	Christine M Martinez			17. 至 0
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddres	reus:
	Venus Skincare by Christine LLC			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address			<del></del>
	16251 NW 57 Ave, Suite 125			
	Miami Gardens , FI.	33014		
nge nt w /we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability c of the lin limited	ed o omp nitec liabi	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  ine M Martinez
gnat	ure of a member or authorized representative of a member			Printed or typed name of signec
visie obli nerc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I I in writing of this change.	vee to ac perforn d for in hereby c	t in t pance Chaj onfi	n this capacity. I further agree to comply with t ace of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil firm that the limited liability company has been

Signature of Registered Agent

### COVER LETTER

Division of Corporations	
SUBJECT: Venus Skincare by Christine LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Christine M Martinez	
Name of Person	
Venus Skincare by Christine LLC	
Firm/Company	<del></del>
2990 NW 156 St	
Address	<del></del>
Miami Gardens, FL 33054	
City/State and Zip Code	
martinezehristy013@gmail.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ill:
Christine M Martinez 786	6 305-2519
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
INHS18 (2/14)	

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. (a)	5901 NW 183 St. 202, Hialeah, FL 33015	(b	2990 NW 156 St, Miami Gardens, FL 33054
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	July 1, 2024	ı	.24000291550
. (0)	Date of filing/registration in Florida Christine M Martinez	4.	Document number
(a)	Registered Agent and Registered Office shown on the records Venus Skincare by Christine LLC	of the Florida	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET 5901 NW 183 St. 202	ET ADDRESS	
	Hialcah	FL 33015	<del></del>
	Christine M Martinez		<del></del>
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office ado	ress:
	Venus Skincare by Christine LLC		
	NEW Registered Office Address:		
	16251 NW 57 Ave, Suite 125		
	Miami Gardens	FL_33014	
nange gent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street are street.	the registered l liability corrs of the limith the limited li	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
<u> </u>	Sub	Chris ——	tine M Martinez
=	sure of a member or authorized representative of a member		Printed or typed name of signee
rovisi ie obli i mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi Il vellect a change in the registered office address, I in writing of this change.	agree to act de performa ded for in C I hereby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being file nfirm that the limited liability company has been

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

Signature of Registered Agent