Page 1 of 2 orporations Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** ., Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000271498 3))) H150002714983ABC4 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2015 To: NON 1) Division of Corporations . Fax Number : (850)617-6383 \_\_\_ دی From: T H HA Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205~8842 Fax Number : (850)878~5368 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: LLC REGISTERED AGENT CHANGE **ORIBE HAIR CARE, LLC** AH II RECEIVEI Certificate of Status Ð Certified Copy 0 NOV 13 K.SALY EXAMINER NOV 162015 Page Count 02 \$25.00 Estimated Charge 1 Electronic Filing Menu Corporate Filing Menu Help

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## 11/13/2015 11:27:51 AM From: To: 8506176383( 2/2 )

## 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.

2. (a	)		(b)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
	4141 NE 2nd Ave. Ste 205, Miami FL 33137		4141 NE 2nd 2	Ave. Ste 205, Miami FL 33137	
	7/17/02		M1200004032	M12000004032	
3.	Date of filing/registration in Florida	4.	Do	ocument number	
5. (a)	United Corporate Services, Inc.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9200 South Dadeland Blvd				
	Registered Office Address (MUST BE FLORIDA STREET Ste 508	T ADDRE	ADDRESS) 33156		
(b)	Miami , P	L <sup>33156</sup>	33156 <u>Yes</u> 8 T		
	C T Corporation System			LED LARY OF STATE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
	NEW Registered Office Address:		······	<u>e</u> m –	
	1200 South Pine Island Road				
	Plantation, F	L_33324			
the ch agent was/v the ar	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member	of the re- liability of the limited	gistered office an company, it is he mited liability co l liability compar canore Puls. Me	d the business office of the registered creby confirmed that the change(s) ompany or as otherwise provided in ny.	
I herprovit provit the of to me notifie	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, t ed in writing of this change. Tammy Tofterso	gree to a le perfor led for in I hereby	ct in this capacit	v. I further agree to comply with the	

Signature of Registered Agent

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