

115000000/27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 MAR 10 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 25, 2016

ARTIST BRANDS LLC
LITA B KAUFMAN
55 SE 2ND AVE.
DELRAY BEACH, FL 33444

SUBJECT: ARTIST BRANDS LLC
Ref. Number: M15000000127

We have received your document for ARTIST BRANDS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00003954

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTIST BRANDS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LITA B KAUFMAN
Name of Person

ARTIST BRANDS, LLC
Firm/Company

55 JE 2ND AV
Address

DEGRAY BEACH FL 33444
City/State and Zip Code

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

For further information concerning this matter, please call:

LITA B KAUFMAN at (904) 501-7380
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

ALREADY PAID

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State:

ARTIST BRANDS, LLC

Enter new principal office address, if applicable:

55 SE 2ND AV

(Principal office address)

MUST BE A STREET ADDRESS

DELRAY BEACH, FL

33444

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

55 SE 2ND AV

DELRAY BEACH, FL

33444

2. The Florida document number of this limited liability company is:

M15000000127

3. Jurisdiction of its organization:

DE

4. Date authorized to do business in Florida:

1/6/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

55 SE 2ND AV

Enter Florida Street Address

DELRAY BEACH, Florida

City

33444

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

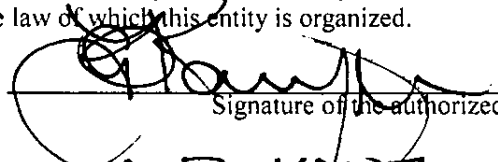
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	EDWARD KNUDSEN	55 SE 2ND AV	<input checked="" type="checkbox"/> Add
		DELRAY BEACH,	<input type="checkbox"/> Remove
		FL 33444	
AADM	LITA B KAUFMAN	55 SE 2ND AV	<input checked="" type="checkbox"/> Add
		DELRAY BEACH,	<input type="checkbox"/> Remove
		FL 33444	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
LITA B KAUFMAN
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2018 MAR 16 PM 3:41
TALLAHASSEE, FL 32301
CLERK OF SUPERIOR COURT