

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M21000013232

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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 HE MALABAR LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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OCT - 5 2023

K. Brumley

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FLORIDA  
DIVISION OF  
CORPORATIONS  
TALLAHASSEE

2023 OCT - 4 PM 12:44

APPROVED  
AND  
FILED

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HE MALABAR 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:

Alicia Richards

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Richards

888 705-7274  
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

H23000348536 3

# 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: HE MALABAR LLC

2. (a) 450 MAIN STREET (b) 450 MAIN STREET

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

BATON ROUGE, LA 70801

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

BATON ROUGE, LA 70801

10/7/2021

M21000013232

3. Date of filing/registration in Florida 4. Document number

5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2894 Remington Green Ln.

NEW Registered Office Address:

Ste. A

Tallahassee, FL 32308

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.

MARTIN, CAROLYN E  
Signature of a member or authorized representative of a member

MARTIN, CAROLYN E Manager  
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.

Mackenzie Hibler  
Signature of Registered Agent Mackenzie Hibler, Asst. Secretary

APPROVED  
AND  
FILED  
2023 OCT -4 PM 12:44  
TALLAHASSEE, FL  
CLERK OF THE DIVISION OF CORPORATIONS

Fax transmission job no. V2\_1696430138\_SF\_341130\_KBVII2G5-1192203110 from 18134365206 was interrupted at 10/4/2023 07:38:33 PDT after delivering 1 out of 2 pages. This fax is a continuation from page 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.

1. Name of the limited liability company, BETTY RAY BEAUTY LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)

10/11/22

L22000439696

3. Date of filing/registration in Florida 4 Document number

5. (a) ZENBUSINESS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
335 E. COLLEGE AVE.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 301  
TALLAHASSEE, FL 32301

(b) Registered Agents Inc  
Enter name of NEW Registered Agent and/or NEW Registered Office address  
7901 4th St N  
NEW Registered Office Address  
STE 300  
St. Petersburg, FL 33702

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.

Robin Jones  
Signature of a member or authorized representative of a member 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.

David Roberts Assistant Secretary  
Signature of Registered Agent