

P1600099790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

614

Office Use Only



600299824716

06/05/17--01003--006 **35.00

JUL 03 2017

S. YOUNG

FILED
17 JUN -5 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

CELIA FERREIRA
ACTIVE COSMETICS MANUFACTURING COMPANY
7075 KINGSPONTE PARKWAY STE 4
ORLANDO, FL 32819

SUBJECT: ACTIVE COSMETICS MANUFACTURING COMPANY
Ref. Number: P16000099790

We have received your document for ACTIVE COSMETICS MANUFACTURING COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00011615

RECEIVED

17 JUL -3 PM 4:07

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -5 PM 4:38

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACTIVE COSMETICS MANUFACTURING COMPANY
Name of Corporation

DOCUMENT NUMBER: P16000099790

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:

Celia Ferreira

Name of Contact Person

ACTIVE COSMETICS MANUFACTURING COMPANY

Firm/Company

7075 Kingspointe Parkway, Suite 4

Address

Orlando, FL 32819

City/State and Zip Code

cf@active-cm.com and an@active-cm.com

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

For further information concerning this matter, please call:

Celia Ferreira

Name of Contact Person

at **(407) 996-9797**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACTIVE COSMETICS MANUFACTURING COMPANY

2. The principal office address: 7075 Kingspointe Parkway, Suite 4, Orlando, FL 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/28/2017 Document number: P16000099790

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LAW OFFICES OF FONTANA & ASSOCIATES P.A.

6979 Kingspointe Parkway, Suite 12, Orlando, FL 3219

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Celia Ferreira

7075 Kingspointe Parkway, Suite 4, Orlando, FL 32819

P.O. Box NOT acceptable

FILED
17 JUN -5 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Celia Ferreira
Signature of an officer or director

Celia Ferreira - President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Celia Ferreira
Signature of Registered Agent

6/28/2017
Date

If signing on behalf of an entity:

Celia Ferreira
Typed or Printed Name

*** FILING FEE: \$35.00 ***