## 428690

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**2021 FEB -8 PM 8: 56** SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: PERFUMERIA SELENE INC. Name of Corporation

## DOCUMENT NUMBER: 428690

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

Juan J Perez	
Name of Contact Person	· <u> </u>
PereGonza the Attorneys PLLC	
Firm/Company	
1414 NW 107th Ave #302	
Address	
Doral, Florida 33172	
City/State and Zip Code	
office@peregonza.com	
E-mail address: (to be used for future annual report n	notification)

For further information concerning this matter, please call:

Juan J Perez	at ( <sup>305</sup> )850-6221
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the corporation: PERFUMERIA SELENE INC

2. The principal office address: 1606 NW 20ST

MIAMI, FLORIDA 33142

3. The mailing address (if different):

4. Date of incorporation/qualification: \_\_\_\_\_ Document number:

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)

PEREGONZA THE ATTORNEYS, PLLC

23540 SW 113TH AVE

HOMESTEAD, FLORIDA 33032

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

PEREGONZA THE ATTORNEYS, PLLC	
1414 NW 107TH AVE SUITE #302	6 CS
P.O. Box NOT acceptable	
DORAL, FLORIDA 33172	27 <b>8 0</b>

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.

ignature of an officer or director

CIRA G. MILIAN, V. P. Printed or typed faine and title

428690

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.

Signature of Registered Agent

If signing on behalf of an entity: Typed or Printed Name

Printed or typed fame and title

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)