## 540160

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
(Document Number)		
Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer:		

Office Use Only



300266505613

11/24/14--01003--007 \*\*35.00

C. Lewis 14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: DAYELE BEAUTY SALON, INC.

Name of Corporation

DOCUMENT NUMBER: 540160

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:

Dayma Echeverria

Name of Contact Person

Dayele Beauty Salon, Inc.

Firm/Company

4244 East 4th Avenue, #4

Address

Hialeah, Florida 33013

City/State and Zip Code

decheverria13@gmail.com

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

For further information concerning this matter, please call:

Dayma Echeverria

.786 \. 291-3778

Name of Contact Person

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: DAYELE BEAUTY SALON, INC.
2. The principal office address: 4244 East 4th Avenue, #4 Hialeah, Florida 3313
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 05/31/1977 Document number: 540160
<ol><li>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)</li></ol>
Elena Echeverria, Deceased
3128 Coral Way
Miami, Florida 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Dayma Echeverria
4244 East 4th Avenue, #4
P.O. Box NOT acceptable  Hialeah, Florida 33013
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.
Dayma Echeverria
Signature of an officer or director  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.
11/14/14
Signature of Registered Agent / Date
If signing on behalf of an entity:
Typed or Printed Name

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