

F22000002091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

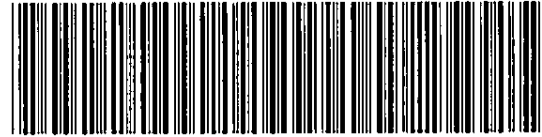
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400424229864

03/12/24--0101T--010 **35.00

FILED

2024 MAR 15 AM 9:18

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 12 PM 2:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

6

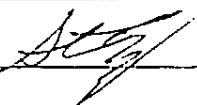
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TEMPMEE HYGIENISTS, INC.

Please Debit FCA000000003 For:

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

17. Pender's Printing - Tallahassee, FL 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEMPMEE HYGIENISTS, INC.
Name of Corporation

DOCUMENT NUMBER: F22000002091

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:

CHRISTY MENDOZA

Name of Contact Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD STE 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

CHRISTY MENDOZA

Name of Contact Person

at (949)

259-5955

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2024

CAPITAL CONNECTION

SUBJECT: TEMPMEE HYGIENIST, INC
Ref. Number: F22000002091

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

The Statment of Change of Registered Office/Agent form cannot be filed. The name needs to be corrected.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00005489

RECEIVED
2024 MAR 15 PM 3:15
TALLAHASSEE, FLORIDA

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TEMPMEE HYGIENISTS, INC.
2. The principal office address: 100 SE 2ND STREET STE. 1300, MIAMI, FL 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/15/2022 Document number: F22000002091
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)

R & P ACCOUNTING & TAXES, INC.

150 SE 2ND AVE STE 104

MIAMI, FL 33131

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

FILEJET INC.

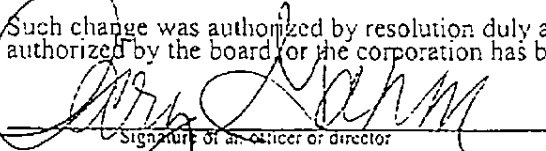
625 E. TWIGGS ST. STE. 110

P.O. Box NOT acceptable

TAMPA, FL 33602

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

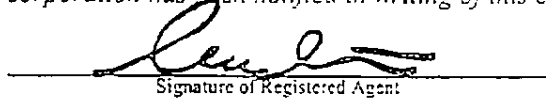
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CARY GAHM, DIRECTOR

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.


Signature of Registered Agent

3/11/2024

Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)

FILED
2024 MAR 15 AM 9:18
TALLAHASSEE, FLORIDA