

L23000418749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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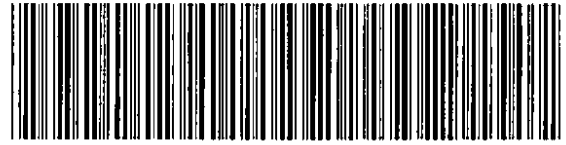
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

6. 4. 2. 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Parla Nails
Name of Corporation

DOCUMENT NUMBER: 93-3380145

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:

Anna Palmer
Name of Contact Person

La Parla Nails
Firm/Company

4507 Coral Palm Ln #2
Address

Naples FL 34116
City/State and Zip Code

E-mail address: (to be used for future annual report notification) annamariapalmer@hotmail.com

For further information concerning this matter, please call:

Anna Palmer at (239) 209 7521
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: LA Purla Nails
2. The principal office address: 4380 Gulf Shore Blvd N #804
Naples FL 34103
3. The mailing address (if different): 4507 Coral Palm Ln #2 Naples FL 34116
4. Date of incorporation/qualification: Sept 07, 2023 Document number: L23000418749
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)

KHADIMATH IT EMMATI
ZEN BUSINESS INC
3310 E. College Ave #301 TALLAHASSEE, FL

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

Anna Palmer
4507 Coral Palm Ln #2
Naples FL, 34114

P.O. Box NOT acceptable

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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.

Anna Palmer

Signature of an officer or director

managing member

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.

Palmer

Signature of Registered Agent

10-9-2023

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)