

NI5D00004263

(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



400276487614

09/09/15--01003--014 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 SEP -9 AM 11:52

R.A./RES

SEP 14 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JADE BEAUTY SPA, INCORPORATED
Name of Corporation

DOCUMENT NUMBER: N15000004263

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:

BARRY L. SIMONS

Name of Contact Person

THE LAW OFFICE OF BARRY L. SIMONS, P.A.

Firm/Company

9100 S. DADELAND BLVD. SUITE 400

Address

MIAMI, FL 33156

City/State and Zip Code

BARRY@BARRYSIMONS.COM

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

For further information concerning this matter, please call:

BARRY SIMONS

Name of Contact Person

at (**305**) **670-7020**

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, **JOSE BORDA**

(Name of Registered Agent)

hereby resigns as Registered Agent for **JADE BEAUTY SPA, INCORPORATED**

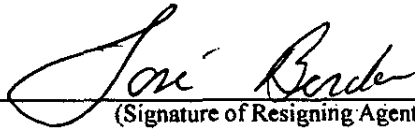
(Name of Corporation)

N15000004263

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 SEP - 9 AM 11:52