

N15000004263

(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



400277033924

09/16/15--01019--003 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2015 SEP 16 AM 8:28

RA/RO/CHJ

SEP 16 2015  
ALBRITTON

**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: JADE BEAUTY SPA, INCORPORATED
2. The principal office address: 10744 SW 72 STREET MIAMI, FL 33173
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/25/2015 Document number: N15000004263

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)

JOSE BORDA- RESIGNED

10744 SW 72 STREET

MIAMI, FL 33173

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

BARRY L. SIMONS


9100 S. DADELAND BLVD. SUITE 400

P.O. Box NOT acceptable

MIAMI, FL 33156

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

BARRY L. SIMONS AUTHORIZED AGENT  
\_\_\_\_\_  
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

AUGUST 19, 2015

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 16 AM 8:28