

N18 000 000 020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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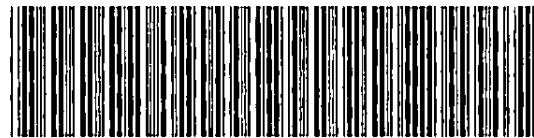
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flawless Transformation Inc.
Name of Corporation

DOCUMENT NUMBER: N18000000020

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:

Marcella Briggs
Name of Contact Person

Flawless Transformation Inc.
Firm/Company

1021 Ives Dairy Road Suite 115
Address

Miami Florida 33179
City/State and Zip Code

Write - marcie@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcella Briggs at (786) 506-4962
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

MARCELLA BRIGGS
FLAWLESS TRANSFORMATION INC.
1021 IVES DAIRY ROAD - STE. 115
MIAMI, FL 33179

SUBJECT: FLAWLESS TRANSFORMATION INC.
Ref. Number: N18000000020

We have received your document for FLAWLESS TRANSFORMATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 719A00005770

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APR 09 2019

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

1. The name of the corporation: Flawless Transformation Inc
2. The principal office address: 1450 NE 170 Street # 107
North Miami Beach FL 33162
3. The mailing address (if different): 1021 Ives Dairy Road Suite 115
Miami, Florida 33179
4. Date of incorporation/qualification: 01/02/2018 Document number: N18000000020
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)

Marcella Briggs
1450 NE 170 Street #107
NMB FL 33162

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

Marcella Briggs, Registered Agent
1021 Ives Dairy Road Suite 115
P.O. Box NOT acceptable
Miami, Florida 33179

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.

Marcella Briggs
Signature of an officer or director

Marcella Briggs Executive 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.

Marcella Briggs
Signature of Registered Agent

March 8th 2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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