7/1/2015 2:23:37 PM From: Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000161998 3)))



H150001619983ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

ED	2: 23	Ter &
N N	1	Brian Constitution
Ü	II - 1	
£.	.5 JUL	

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

REGISTERED AGENT CHANGE

ALFRED ANGELO - THE BRIDE'S STUDIO NO. 2, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 02 2014

C. CARROTHERS

7/1/2015 2:23:37 PM From: To: 8506176380(2/3)

COVER LETTER

TO:	Amendment Section Division of Corporations
CIID	ALFRED ANGELO - THE BRIDE'S STUDIO NO. 2, INC.
SUB	Name of Corporation
DOC	P00000024782 UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	e return all correspondence concerning this matter to the following:
	Vanessa McIntosh
	Name of Contact Person
	Alfred Angelo Newco, Inc.
	Firm/Company
	1625 S Congress Avenue, Suite 400
	Address
	Delray Beach, FL 33445
	City/State and Zip Code
	vmcintosh@alfredangelo.com
	E-mail address: (to be used for future annual report notification)
For f	urther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Encl	osed 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

Tallahassee, FL 32314

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.	<u>. </u>
		O - THE BRIDE'S STUDIO NO. 2, INC.	
		venue, Suite 400, Delray Beach, FL 33445	
_			
3. The mailing	address (if different):		
4. Date of inco	poration/qualification: 03/06/2000	Document number: P00000024782	
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	REGISTERED AGENTS LEGAL	SERVICES, LLC	
	155 OFFICE PLAZA DR. SUITE	A	
	TALLAHASSEE, FL 32301		
6. The name an (if changed):		red agent (if changed) and /or registered office	
	c/o C T Corporation System, 1200	South Pine Island Road	2015 A. L.
		Box NOT acceptable	
	Plantation, Florida 33324		S¥3 1¥3 0F −
The street addr as changed wil	ess of its registered office and the l be identical.	e street address of the business office of its registered	agent;
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change,	10.17 10.14 10.14
	Wha Droved	Ausha Arnold, Authorized Person	36 100 100 100 100 100 100 100 100 100 10
I hereby accep I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered as to comply with the provisions of a my duties, and I am familiar with its document is being filed merely that the corporation has been no	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as register to reflect a change in the registered office address, i tified in writing of this change.	ęd
By: CTCo	reporation System	06/02/2015	
	Maiure of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Assistant Secretary	_	
	Typed or Printed Name		

. The sa

* * * 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 (03/12)