

P00000052152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

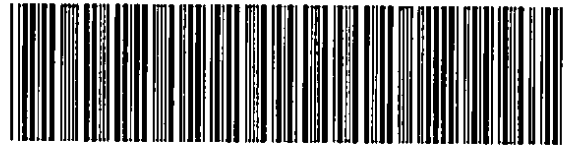
(Business Entity Name)

(Document Number)

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05/01/19--01009--019 **25.00

05/28/19--01011--023 **10.00

2019 MAY 28 PM 8:31

FILED

RO/chg

MAY 29 2019
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alchemy the Hair Salon Inc.
Name of Corporation

DOCUMENT NUMBER: P00000052152

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:

Corinne Gammichia
Name of Contact Person

Firm/Company

600 N. Bumby Ave
Address

Orlando, FL, 32803
City/State and Zip Code

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

For further information concerning this matter, please call:

David COOKSON
Name of Contact Person

at (321) 945-9221
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

May 10, 2019

CORRINE GAMMICHIA
600 N. BUMBY AVE
ORLANDO, FL 32803

SUBJECT: ALCHEMY THE HAIR SALON, INC.
Ref. Number: P00000052152

We have received your document for ALCHEMY THE HAIR SALON, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00. *CU # 10094*

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: 019A00009531

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: Alchemy the Hair Salon, INC.
2. The principal office address: 600 N. Bumby Ave
Orlando FL 32803
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 06/01/2000 Document number: P00000052152

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)

Gammichia, Corinne EP
2812 Edgewater Dr.
Orlando FL 32804

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

600 N. Bumby Ave
P.O. Box NOT acceptable
Orlando FL 32803

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

Printed or typed name and title

Corinne Gammichia, EP

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

Date

5.20.19

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 (03/12)