P00000054808

(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:
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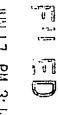
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C. GOLDEN JUN 27 2019

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DIANE PARTING TON STUDIO OF CLOSSICAL BOLLET, INC. Name of Corporation
DOCUMENT NUMBER: P00000054808
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:
DIAME PARTINGTON Name of Contact Person
DANG PARTING TON STUDIO OF CLOSSICIAL BALLET, INC.
323 INTERSTATE BLVD.
Address
SAILASOTA, FL 34240 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 350 870 / Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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 ofFL	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: DIANE PARTINGTON STUDIO + CLOSSICISE BALLET. IN	ر
2. The principal office address: 323 INTERSTATE BLVD	
50R130TA, FL 34240	
3. The mailing address (if different):	
4. Date of incorporation/qualification: \(\overline{\Implie 7, 200}\) Document number: \(\overline{\P00000254808}\)	
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)	
DIANE PARTILYTON	
7030 USHWY 301N	
ELENTON, FC. 34222	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DIANIE PINETINGTON	<u>.</u>
323 INTERSTATE BLVO. PO. BOX NOT acceptable SDRASDTA, FL 34240	Ŋ
PO. Box NOT acceptable	J
SDRASOTA, FC 34240	
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 REYNAL DO DIZON - DIRECTOR Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.	
Wiane Santing ton William 6-13-13 Signature of Registred Agent Date	
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)