

P02000105626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

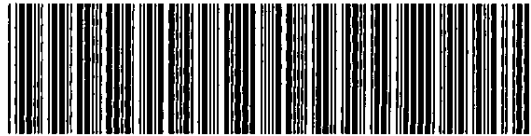
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TALLAHASSEE, FLORIDA

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MAR 11 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Styles Salon, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P02000105626

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:

Helia M. Rodrigues  
Name of Contact Person

Styles Salon, Inc.  
Firm/Company

4 Office Park Drive Center Ct.  
Address

Palm Coast, FL 32137  
City/State and Zip Code

hrodrigues98@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helia Rodrigues at ( 386 ) 931-3034  
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 1, 2010

HELIA M RODRIGUES  
STYLES SALON, INCORPORATED  
4 OFFICE PARK DR CENTER CT  
PALM COAST, FL 32137

SUBJECT: STYLES SALON, INCORPORATED  
Ref. Number: P02000105626

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

The current name of the entity is as referenced above. Please correct your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 210A00004920

**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: STYLES SALON, INCORPORATED
2. The principal office address: 4 OFFICE PARK DRIVE CENTER CT  
PALM COAST, FL 32137
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/2002 Document number: P02000105626
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)

TERESA A. LUPI  
4 OFFICE PARK DRIVE CENTER CT.  
PALM COAST, FL 32137

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

HELIA M. RODRIGUES  
4 OFFICE PARK DRIVE CENTER CT.  
P.O. Box NOT acceptable  
PALM COAST, FL 32137

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TALLAHASSEE, FLORIDA

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.

Helia Rodrigues  
Signature of an officer or director

Helia Rodrigues  
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.*

Helia Rodrigues  
Signature of Registered Agent

3.8.10  
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 (8/05)