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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Stella & Bearly Supplies (Name of corporation)
DOCUMENT NUMBER: 803000016328
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:
•
(Name of contact person)
Grend's beauty Supplies (Firm/Company)
4831 NW 99 d (Address)
Migmi, FL 33178 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (305) 337-1156 (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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the provistatement of change	=			7.1508, Florida Statut of the State of	es, this
				in the State of Florid	a.
1. The name of the co	orporation: 5	temps	Benety	suppores	
2. The principal offic	e address: 77	80 NW 3	5x MI	mai, Fl 33	(22
3. The mailing addre	ss (if different):	4871 Nu	, 99ct	Moni, Fl	37178
4. Date of incorporat	ion/qualification:	07-10-03	Document nu	mber: 030	00016328
	et address of the curr			office on file with the	
	Mo	Rotar Si	LUER		
	24	stov 51 coo fen	nessee	. lnd	
	Ho	nestead	FL 33	031	d., 0
6. The name and stree (if changed):			<i>'</i>	Ī	4 NOV
	CASIC	4 CABA	avro		RY C
	4831	ww 99 fox NOT acceptable)	d	•	P 2
					## S
	MIA	mi, FL	<u> </u>		
The street address of as changed will be id	its registered office lentical.	and the street add	dress of the busi	ness office of its regi	stered agent,
Such change was authorized by the bo	horized by resolution ard, or the corporation	n duly adopted by on has been notifi	y its board of din ed in writing of	ectors or by an offic the change.	er so
(Signature of a	n officer or director)	<u>.</u>	5 few (Printer	A Rey I	inector
I hereby accept the a I further agree to co of my duties, and I a document is being fil corporation has been	ppointment as regis nply with the provis n fimiliar with and edimeraly to reflect n totified in writing	tered agent and a ions of all statute. accept the obliga a change in the ro of this change.	gree to act in th s relative to the tion of my positi egistered office o	is capacity. proper and complete on as registered age uddress, I hereby con	performance nt. Or, if this nfirm that the
(55-5)	1	· .	11-0	2-04	
If signing on behalf	of Registered Agent) of an entity:			(Date)	
CARLOS	CAS AUTRO				
	r Printed Name)				=-

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