

P03000102646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

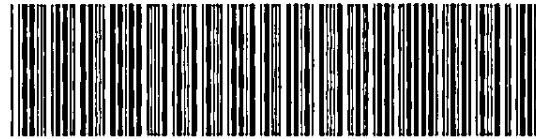
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700399790527

01/09/23--01005--004 **35.00

FILED

2023 JAN -9 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

MAR 22 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

Exin # 113186922

SUBJECT: AEA Wig and Hairpiece Supplies Corp
Name of Corporation

DOCUMENT NUMBER: PO30001026646

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:

Cyndi Markis
Name of Contact Person
AEA Wig and Hairpiece Supplies Corp
Firm/Company
3167 St Johns Bluff Rd S 102
Address
Jacksonville FL 32216
City/State and Zip Code

Cyndi Markis
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyndi Markis at (904) 881-8307
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 JAN -9 PM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL

ADD DC & WILL

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: A & A Wig and Hairpiece Supplies Corp

2. The principal office address: 3167 St Johns Bluff Rd S 102 Jacksonville FL 32246

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/18/2003 Document number: P030000102646

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)

Passed Away 12/3/2022
Arlene Ott 3167 St Johns Bluff Rd S
102 Jacksonville

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

Cyndi B Markis
3167 St Johns Bluff Rd S
Jacksonville FL 32216

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.

Cyndi B Markis
Signature of an officer or director

Cyndi Markis
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.

Cyndi B Markis
Signature of Registered Agent

12/23/2022
Date

If signing on behalf of an entity:

Cyndi B Markis
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 (04/13)

FILED
2023 JAN -9 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL