

P03000120665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

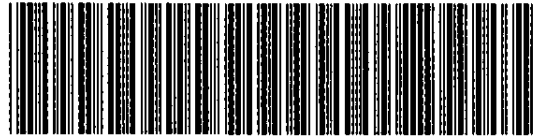
(Business Entity Name)

(Document Number)

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12 OCT 15 PM 3:00  
2012 OCT 15 PM 3:00  
10/15/12

LA Change  
10/17/12  
DC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BENE'S INTERNATIONAL School of Beauty, INC  
Name of Corporation

DOCUMENT NUMBER: P03000120665

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:

Patrick J. BENE  
Name of Contact Person

BENE'S INTERNATIONAL School of Beauty, INC  
Firm/Company

7027 U.S. Highway 19,  
Address

New Port Richey, FL. 34652  
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick J. BENE at (727) 848-8415  
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

**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: BENE'S International School of Beauty, Inc.  
2. The principal office address: 7027 US Highway 19, New Port Richey, FL 34652  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/03 Document number: P03000120665

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)

Dilip Patel  
140 Pine Ave. North  
Oldsmar, FL 34677

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

Patrick J. BENE  
6204 Spoonbill Dr.  
P.O. Box NOT acceptable  
New Port Richey, FL 34652

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DIVISION OF STATE

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.

Patrick J. Bene  
Signature of an officer or director

Patrick J. BENE  
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.*

Patrick J. Bene  
Signature of Registered Agent

10/10/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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