

PD4000030173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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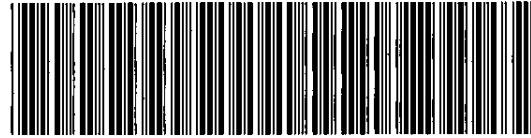
(Business Entity Name)

(Document Number)

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@ 12/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lola Style Inc
Name of Corporation

DOCUMENT NUMBER: P04000030173

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:

Maria Tartaglia
Name of Contact Person

Lola Style Inc
Firm/Company

241 SW 19th Road
Address

Miami, FL 33129
City/State and Zip Code

mrt07@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Tartaglia at (305) 491-1611
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

RECEIVED
10 DEC -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 4, 2010

MARIA TARTAGLIA
LOLA STYLE, INC.
241 SW 19TH ROAD
MIAMI, FL 33129

SUBJECT: LOLA STYLE, INC.
Ref. Number: P04000030173

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00025963

**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: Lola Style, Inc
2. The principal office address: 241 SW 19th Road, Miami FL 33129
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Feb 16th, 2004 Document number: P04000030173

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)

Resigned ANNA POETSCHKE
5928 NE 16th COURT
MIAMI, FL 33137

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

Maria Tartaglia

241 SW 19th Road

P.O. Box NOT acceptable

Miami, FL 33129

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.

Anna Poetschke
Signature of an officer or director

Anna Poetschke, CFO
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.

Maria Tartaglia
Signature of Registered Agent

October 30th, 2010
Date

If signing on behalf of an entity:

MARIA TARTAGLIA
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)

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STATE
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