

PD 4083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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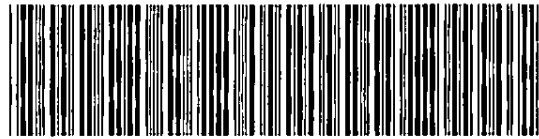
(Business Entity Name)

(Document Number)

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RECEIVED STATE  
DEPARTMENT OF STATE  
18 JAN 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
18 JAN 19 AM 9:30  
S. YOUNG  
TALLAHASSEE, FLORIDA  
JAN 22 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 032279 7388568

AUTHORIZATION

COST LIMIT

*[Signature]*  
\$ 35.00

ORDER DATE : January 19, 2018

ORDER TIME : 11:18 AM

ORDER NO. : 032279-005

CUSTOMER NO: 7388568

CHANGE OF AGENT

NAME: STYLE CREST ENTERPRISES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STYLE CREST ENTERPRISES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04083

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:

**MARY HOFFMAN**

Name of Contact Person

STYLE CREST ENTERPRISES, INC.

Firm/Company

2450 ENTERPRISE STREET, DRAWER A

Address

FREMONT, OH 43420

City/State and Zip Code

mary.hoffman@stylecrest.net

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

For further information concerning this matter, please call:

Mary Hoffman

419

333-5695

at ( )

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STYLE CREST ENTERPRISES, INC.
2. The principal office address: 5001 GATEWAY BLVD. UNIT 10, LAKE LAND, FL 33811
3. The mailing address (if different): 2450 ENTERPRISE STREET DRAWER A, FREMONT, OH 43420
4. Date of incorporation/qualification: 11/19/1984 Document number: P04083
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)

FRANTZ, TYRONE G

5001 GATEWAY BLVD. UNIT 10

LAKELAND, FL 33811

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

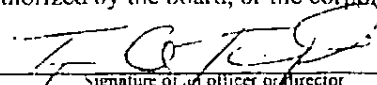
Tallahassee

FL 32301

FILED  
18 JAN 19 AM 9:30  
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.

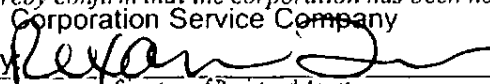
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of officer or director

Tyrone G Frantz, 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.*

Corporation Service Company  
By   
Signature of Registered Agent

1/19/18  
Date

Roxanne Turner  
Asst. Vice President

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 (03/12)