## P0500066345

STAM ROBINS	_				
PO 30x 3697					
- TEMPLOE, CO:	_				
<u>81435</u>	_				
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11/14/11--01018--013 \*\*35.00







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

statement of char	provisions of sections 607.050  nge is submitted for a corpor	ation organized under the	e laws of the State of	
in order	r to change its registered offic		·	
1. The name of the	he corporation:	ALLISON !	ISLAND RE	auty, Inc
2. The principal of		L ABUA AV	— <u></u>	F. 0014
3. The mailing ac	ddress (if different):	80 5th 57	MAMI BEACH, TRET ACH, FL 33	
4. Date of incorp	oration/qualification:	5/2005 Docume	ent number: Po50	000 6634
5. The name and	street address of the current i tment of State: (If resigned, en	registered agent and regis	stered office on file with the	•
	KATHRYN			
	750 mic	HIGAN AV	E	
	MIAMI BE	ACH, PL 3	13139	2 2
6. The name and (if changed):	street address of the new reg	istered agent (if changed) CY ROBIN STR	ret	PH 5: 23
	mik	P.O. Box NOT acceptable	H, FL 331	39**
The street address as changed will l	ss of its registered office and be identical.	I the street address of the	e business office of its regi	stered agent,
Such change was authorized by the	s authorized by resolution de board, or the formaration h	uly adopted by its board as been notified in writi	of directors or by an officeing of the change.	er so
Chr	e o/an office or direct		A CY ROB!	8
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registere to comply with the provisions of I am familiar with and acc ng filed merely to reflect a ch been notified in velicing of the bature of Registered Agent	d agent and agree to act s of all statutes relative t ept the obligation of my hange in the registered of his change.	t in this capacity. To the proper and complete position as registered ages office address, I hereby con  Date	performance nt. Or, if this firm that the
If signing on beh	nalf of an entity:			
STAC	Y 2051N ped or Printed Name	<u>'S</u>		

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