

P05000162079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

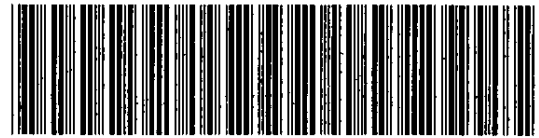
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 28 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2008

CARMELA BUGANSKI
TROPICAL FOLLICLE HAIR REMOVAL, INC.
PO BOX 501240
MARATHON, FL 33050

SUBJECT: TROPICAL FOLLICLE HAIR REMOVAL, INC.
Ref. Number: P05000162079

We have received your document for TROPICAL FOLLICLE HAIR REMOVAL, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 608A00042070

RECEIVED
1 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Follicle Hair Removal, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000162079

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:

Carmela Buganski
(Name of Contact Person)

Tropical Follicle Hair Removal, Inc.
(Firm/Company)

PO Box 501240
(Address)

Marathon, FL 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmela Buganski at (305) 731-3228
(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: Tropical Follicle Hair Removal, Inc.
2. The principal office address: 13365 Overseas Hwy. Suite 101
Marathon, FL 33050
3. The mailing address (if different): PO Box 501240
Marathon, FL 33050
4. Date of incorporation/qualification: 12/09/05 Document number: P05000162079
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Benjamin Roche, C.P.A.
5701 Overseas Hwy.
Marathon, FL 33050


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

Carmela Buganski, CME
13365 Overseas Hwy. Suite 101
(P.O. Box NOT acceptable)
Marathon, FL 33050

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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 an officer or director)

Sigmund Buganski, V.P.
(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.


(Signature of Registered Agent)

7-14-08
(Date)

If signing on behalf of an entity:

Carmela Buganski
(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)