P07000052480

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	alaz.



700145612977

03/16/09--01062--006 **70.00

O9 MAR 16 AH II: 15
SECRETARY OF STATE
TALLAHASSEE, FI ORIGIN

R-A.Change C.COULLIETTE MAR 1 8 2009

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJEC	CT: Julianis Spa Salon, Inc. (Name of Corpor	ration)				
DOCUM	1ENT NUMBER: <u>P07000052480</u>					
The encl	osed Statement of Change of Registered Office/Ago	ent and fee are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the	ne following:				
	Ricardo E. Pin (Name of Contact	nes, Esq. Person)				
Ricardo E. Pines, P.A. (Firm/Company)						
3301 Ponce de Leon Boulevard, Suite 200 (Address)						
Coral Gables, FL 33134 (City/State and Zip Code)						
For furth	er information concerning this matter, please call:	p Code)				
	Ricardo E. Pines, Esq. at (Name of Contact Person)	(<u>305</u>) 461-5757 (Area Code & Daytime Telephone Number)				
Enclosed	d is a \$35.00 check made payable to the Department	t 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F ange is submitted for a corporation organized under the laws of the S er to change its registered office or registered agent, or both, in the S	State of Flo	<u>orida</u>	nis	-
1. The name of	the corporation: Julianis Spa Salon, Inc.				
2. The principal	office address: 2367 Coral Way, Miami, FL 33145				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 05/01/2007 Document number: _F		52480)	
	d street address of the current registered agent and registered office or rtment of State: (If resigned, enter resigned)	n file with	the		
	Carolina Ferri				
	250 Galen Drive, Suite 55				
	Key Biscayne, FL 33149		TAL	0	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regist	tered office	CRETAI	09 MAR 1	ALESTEZ!
	Ricardo E. Pines, Esq.		333 333	ნ	
	3301 Ponce de Leon Boulevard, Suite 200 (P.O. Box NOT acceptable)		FLOR	=======================================	S. S
	Coral Gables, FL 33134		TE 10A	വ	
The street address changed will	ess of its registered office and the street address of the business of	fice of its	register	ed ago	nt,
Such change was	as authorized by resolution duly adopted by its board of directors of board of the corporation has been notified in writing of the cha	or by an o	fficer s	o	
Signal	Maria Julia Barca ure of an officer for director) Maria Julia Barca	name and titl	<u>/</u> c)		
I hereby/accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper nd I am familiar with and accept the obligation of my position as r ing filed marely to reflect a change in the registered office address s been notified in writing of this change.	city. and comp egistered s, I hereby	olete per agent. confirm	forma Or, if n that	nce this the
	3/12/0	9	···		_
{}	gnature of Registered Agent) (Date chalf of an entity:	;)			
	Typed or Printed Name)				

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