

P08000019703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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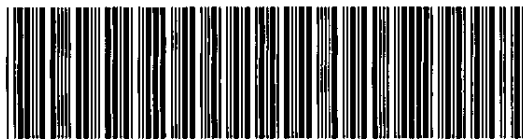
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APC-84

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jacksonville Upscale Beauty Institute Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000019703

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:

Gloria F. Coaxum

(Name of Contact Person)

(Firm/Company)

8550 Arygle Business loop 1807

(Address)

Jacksonville fl 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria F. coaxum

(Name of Contact Person)

at ( 904 ) 343-0210

(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**

In 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: Jacksonville Upscale Beauty Institute Incorporated
2. The principal office address: po box 381988 Jacksonville FI 32238
3. The mailing address (if different): 8550 Arygle Business loop suite 1807  
Jacksonville FI 32244
4. Date of incorporation/qualification: February 25 th 2008 Document number: P08000019703
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Abigail Convington, 5256 Astral Street

Jacksonville FI 32205

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

Octavia M. Freeman

8550 Arygle Business Loop 1807

(P.O. Box NOT acceptable)

Jacksonville FI 32244

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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.

Rudy Coaxum

(Signature of an officer or director)

Gloria F. Coaxum  
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.

x Rudy Coaxum - Vice President  
(Printed or typed name and title)

Gloria F. Coaxum - President / Director

Octavia M. Freeman  
(Signature of Registered Agent)

7/28/08  
(Date)

If signing on behalf of an entity:

Octavia M. Freeman  
(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)