

PO8000086290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

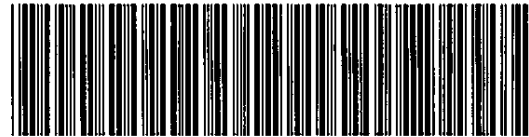
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **GALA BEAUTY TRADING CORP**

Name of Corporation

DOCUMENT NUMBER: **P08000086290**

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:

Alberto Ibarra

Name of Contact Person

Alberto J Ibarra, PA

Firm/Company

3750 NW 87th Ave, Ste 520

Address

Doral, FL 33178

City/State and Zip Code

aibarra@ajicpa.com

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

For further information concerning this matter, please call:

Alberto Ibarra

Name of Contact Person

at **305 477-9336**

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

1. The name of the corporation: GALA BEAUTY TRADING CORP
2. The principal office address: 11475 NW 87th Lane
Doral, FL 33178
3. The mailing address (if different): 11475 NW 87th Lane
Doral, FL 33178
4. Date of incorporation/qualification: 09/19/2008 Document number: P08000086290
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)

Ystvan Virag

304 Indian Trace, Suite 409

Weston, FL 33178

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

Sonia Elcoro

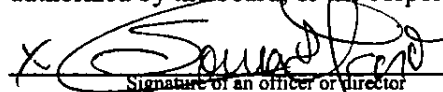
11475 NW 87th Lane

P.O. Box NOT acceptable

Doral, FL 33178

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.

X 
Signature of an officer or director

Sonia Elcoro

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.

X 
Signature of Registered Agent

08/18/2014

Date

If signing on behalf of an entity:

Sonia Elcoro

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)