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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 22 2014 T. CARTER

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Intial Styles, Inc

Name of Corporation

DOCUMENT NUMBER:

P 09000023320

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:

Patricia V. Scalera

Name of Contact Person

Initial Styles, Inc.

Firm/Company

6725 W. Indiantown Road #40

Address

Jupiter, FL 33458

City/State and Zip Code

initialstylesinc@gmail.com

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

For further information concerning this matter, please call:

Patricia V. Scalera

, 561 222-2022

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

statement of change is sub	mitted for a corporation organ	02, 607.1508, or 617.1508, Florida Stat nized under the laws of the State of <u>Flo</u> tered agent, or both, in the State of Flor	rida	-
1. The name of the corpora	<sub>ition:</sub> Initial Styles, Inc.			•
2. The principal office add	ress: 6725 W. Indianto	wn Road #40 Jupiter, FL 33	3458	
3. The mailing address (if	different):_same			
4. Date of incorporation/qu	palification: March 12, 200	Document number: P090000	)23320	
5. The name and street add		agent and registered office on file with t		
Patricia	a V. Scalera			
8056 S	E Hidden Bridge Cou	urt		
Jupiter	, FL 33458		14 (	SEC
6. The name and street add (if changed):	lress of the new registered age	nt (if changed) and /or registered office	0	RETARY
Patricia	a V. Scalera		PH L	E.F.C
6725 V	6725 W. Indiantown Road #40			ORIC
Jupiter	Р.О. Вох NOT	T acceptable	~	Ä
The street address of its reas changed will be identic	egistered office and the street	address of the business office of its re	gistered age	ent,
Such change was authorized by the board of	ed by resolution duly adopted or the corporation has been no	d by its board of directors or by an offi stified in writing of the change.	icer so	
				_
I hereby accept the appoint further agree to comply performance of my duties, agent. Or, if this document hereby confirm that the confirmation of	ntment as registered agent an with the provisions of all stat	nd agree to act in this capacity.  tutes relative to the proper and comple  accept the obligation of my position as  lect a change in the registered office a  in writing of this change.	ete registered ddress, I	
Gatuu Signaturo of Regi	istered Agent	9-17-14 Date	<del></del>	_
If signing on behalf of an	entity:			
Typed or Printe	d Name	FF. #25 AA * * *		