

PO9000031806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

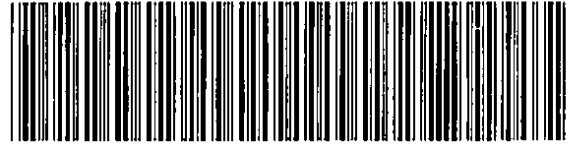
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700419499947

RA & RO  
change

11/30/23--01019--002 \*\*35.00

FILED  
2023 NOV 30 AM 8:58

A. RAIN

DEC 19 2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Esthetics Association Florida Inc  
Name of Corporation

DOCUMENT NUMBER: P09000031806

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:

Carla Postma  
Name of Contact Person

The Esthetics Association Florida Inc  
Firm/Company

2151 Consulate Dr Suite 19  
Address

Orlando FL 32837  
City/State and Zip Code

Estheticsassociation@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Postma at ( 407 ) 432-6984  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: The Esthetics Association Florida Inc
2. The principal office address: 2151 Consulate Dr Suite 19  
Orlando FL 32837
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/8/2009 Document number: P09 000031806
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)

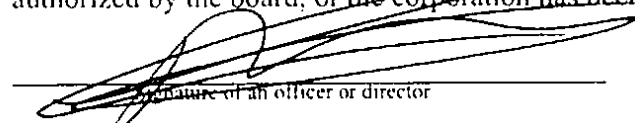
Resigned

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

Carla Postma  
12010 Saffron Court  
P.O. Box NOT acceptable  
Orlando FL 32837

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 ~~adopted~~ 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

Carla Postma  
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

11/27/23  
Date

If signing on behalf of an entity:

Carla Postma  
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