

PO9000036706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

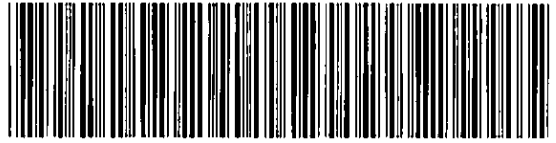
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S. CHATHAM

SEP 13 2023

2023/09/14 AM 9:19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sorelli Hair Studio Registered Agent
Name of Corporation

DOCUMENT NUMBER: P09000036706

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:

Rosemarie Cally
Name of Contact Person

Sorelli Hair Studio, Inc
Firm/Company

400 St. Andrews Blvd
Address

Melbourne, Florida 32940
City/State and Zip Code

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

For further information concerning this matter, please call:

Rosemarie Cally at (321) 720-3760
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: Sorelli Hair Studio Inc.
2. The principal office address: 400 St. Andrews Blvd
Melbourne FL 32940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/21/2009 Document number: P09000036706
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):

Steven Caruso
486 N. Harbor City Blvd
P.O. Box NOT acceptable
Melbourne, FL 32935

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.

K. Cally
Signature of an officer or director

Rosemarie Cally, President
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.

Steven Caruso
Signature of Registered Agent

10 August 2023
Date

If signing on behalf of an entity:

Steven Caruso
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 (04/13)