Pluw06994

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

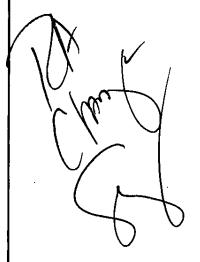
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SECRETARY OF STATE
TALLAMASSEE FLORIDA

COVER LETTER

ro:	Amendment Section Division of Corporations	
SUBJI	Name of Corporation	
DOCU	MENT NUMBER: 7/000006994	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Amy Brock	
	Name of Contact Person	
	BROCK BEAUTY CO	
	Firm/Company	
	PO Box 532036	
/MAILWO		
	Orlando PC 32853	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call: Amy Brock 407,680,9234	
	Name of Contact Person Area Code & Daytime Telephone Number	
Enclose	ed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

Chifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 PONIDE
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BRUCK BEAUTY COMPANY
2. The principal office address: 331 N MUIS Ave (July)
<u>Orlando</u> , PZ 32803
3. The mailing address (if different): P. 6. Box 532036 (NW)
Orlando, RC 32853
4. Date of incorporation/qualification: 1/25/10 Document number: P1000006 994
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) Some but new address
Hmy Brock 1 1900 N. Mills Ave AB Old
ORLANDO, pc 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1331 N Mills Ave
OKLANDO, PC 32803
P.O. Box NOT acceptables
AMY BROCK
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.
Signature of an officer or director 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 Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *