

P10000034237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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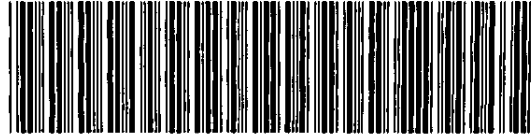
(Business Entity Name)

(Document Number)

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SECURITY ASSISTANT
TALLAHASSEE, FLORIDA

JUL 15 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Heavy Hitta 2 BARBERSHOP, INC
Name of Corporation

DOCUMENT NUMBER:

P100000 34237

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:

Mackene B CASTRO
Name of Contact Person

HEAVY HITTA 2 BARBERSHOP, INC
Firm/Company

701 NORTH CONGRESS AVE BAY 5
Address

BOYNTON BEACH FL 33426
City/State and Zip Code

HHB5mom@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mackene B - CASTRO at (561) 577 7971
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

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: HEAVY HITAZ BARBERSHOP, INC
2. The principal office address: 701 NORTH CONGRESS AVE BAY 5
BOYNTON BEACH, FL 33426
3. The mailing address (if different): 5716 BOYNTON BAY CIR
BOYNTON BEACH, FL 33437
4. Date of incorporation/qualification: July 8, 2015 Document number: P100000 34237
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)
Leslie Merlo
5712 Boynton Bay Cir
Boynton Beach, FL 33437

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

Marlene B. Castro
5716 Boynton Bay Cir
Boynton Beach, FL 33437

P.O. Box NOT acceptable

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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.

Marlene B. Castro
Signature of an officer or director

MARlene B. Castro.
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.

Marlene B. Castro
Signature of Registered Agent

7-8-15
Date

If signing on behalf of an entity:

MARlene B. Castro.
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