

P10000050317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

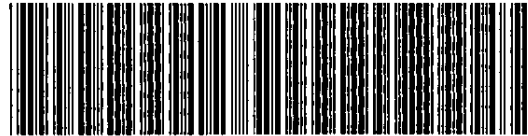
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIXFASHION INC
Name of Corporation

DOCUMENT NUMBER: P10000050317

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:

GABRIELA BIAS
Name of Contact Person

MIXFASHION INC
Firm/Company

9573 TIVOLI ISLES BLVD
Address

DELRAY BEACH, FL 33446
City/State and Zip Code

GABRIELABIAS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA BIAS at (561) 809-3089
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

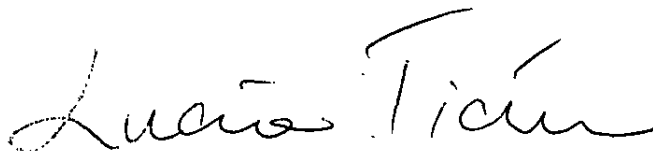
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUCIAN TICIU, hereby resign as SECRETARY
(Title)

of MIXFASHION INC
(Name of Corporation)

P10000050317, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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