## P110000011559

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FEB 14 2014 C. CARROTHERS

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Hair by Cody, Inc.

Name of Corporation

DOCUMENT NUMBER

P11000011559

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:

Cody A. Deanto

Name of Contact Person

Hair by Cody, Inc.

Firm/Company

235 NE 1st Street, #313

Address

Delray Beach, Fl 33444

City/State and Zip Code

cody.deanto@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody A. Deanto

,561

350.0565

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

statement of cha	nnge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of registered agent, or both, in the State of I	Florida
1. The name of	the corporation: Hair by Cody	, Inc.	
2. The principal	office address: 235 NE 1st S	street #313, Delray Beach, Fl	33444
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/02/20	011 Document number: P1100	00011559
5. The name and		stered agent and registered office on file w	rith the
	Barry S. Deanto		
	2000 Glades Rd., Suite	312	·1
	Boca Raton, Fl 33431		14F SECR
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered of	
	Cody A. Deanto		A CONTRACTOR
	235 NE 1st Street #313		ORIEN ORIEN ORIEN
	Delray Beach, FI 33444	Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent,
Such change was authorized by the	as authorized by resolution duly a ae board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
Signatu	ure of an officer or director	Cody A. Deanto, Preside Printed or typed name and tit	
I hereby accept I further agree performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Ill statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	aplete n as registered
	M	02/09/2014	
	half of an entity	Date	
Cody A. De	half of an entity:		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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