

P 110000 14151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 10 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SABA STYLE CORP.

SUBJECT: _____
Name of Corporation

P11000014151

DOCUMENT NUMBER: _____

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:

MARIA VALLEJO

Name of Contact Person

SABA STYLE CORP.

Firm/Company

10220 NW 63RD TERRAS APT 204

Address

DORAL, FL 33178

City/State and Zip Code

Conny.fashion66@gmail.com

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

For further information concerning this matter, please call:

MARIA VALLEJO

786 416-3463

Name of Contact Person

at () _____
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.

SABA STYLE SALON , CORP.

1. The name of the corporation: _____
2. The principal office address: 10220 NW 63 RD TERRAS APT 204
DORAL, FL 33178
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/09/2011 Document number: P11000014151

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)

JUAN SABA

7493 NW 114TH CT

MEDLEY, FL 33178

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

MARIA VALLEJO

10220 NW 63RD TERRAS APT 204

DORAL, FL 33178

P.O. Box NOT acceptable

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2010 MAY - 7 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Juan Saba
Signature of an officer or director

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.

Maria Vallejo
Signature of Registered Agent

0501-18
Date

If signing on behalf of an entity:

Maria Vallejo
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 (03/12)