

P11000077269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

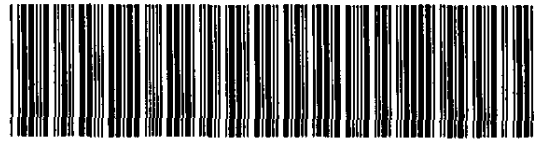
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AUG 04 2017

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RIA-CH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FeNom Salon, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P11000077269

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:

Jessica Sue Bruno

Name of Contact Person

FeNom Salon, Inc

Firm/Company

20632 Biscayne Blvd

Address

Aventura FL 33180

City/State and Zip Code

Jessica.bruno21@gmail.com

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

For further information concerning this matter, please call:

Jessica S Bruno

Name of Contact Person

at ( 786 ) 320-6187

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: FeNom Salon, Inc
2. The principal office address: 20632 Biscayne Blvd Aventura Fl 33180
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 8/31/2011 Document number: P11000077269

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)

James M Elias

8764 SW 12th Street #201

Miami FL 33174

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

Jessica Sue Bruno

20632 Biscayne Blvd

P.O. Box NOT acceptable

Aventura Fl 33180

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TALLAHASSEE FL 32314

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.

Jessica Bruno  
Signature of an officer or director

Jessica Sue Bruno 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.*

Jessica Bruno  
Signature of Registered Agent

6/22/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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