

P12000039087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

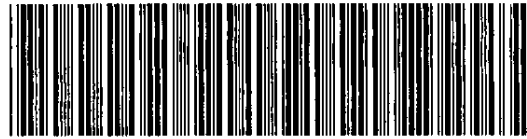
(Business Entity Name)

(Document Number)

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12 JUL 23 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2012

T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE City Hair Studio  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000039087

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy M. PIERSON  
(Name of Person)

THE City Hair Studio  
(Name of Firm/Company)

3650 HARDEN BOULEVARD  
(Address)

LAKELAND, FL. 33803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy PIERSON at (863) 660-7510  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**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: THE CITY HAIR STUDIO, INC.  
2. The principal office address: 3650 HARDEN BOULEVARD  
LAKE LAND, FL. 33803  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/25/12 Document number: P12000039087

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)

MARGARET E. DORMAN

1031 CHALFONT LAKE

LAKE LAND, FL. 33813

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

TAMMY M. PIERSON

1035 LAKEWOOD DR. S.

P.O. Box NOT acceptable

LAKE LAND, FL. 33813

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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.

Tammy M. Pierson  
Signature of an officer or director

Tammy M. Pierson Secretary  
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.

Tammy M. Pierson  
Signature of Registered Agent

7/26/12  
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