

P12000083983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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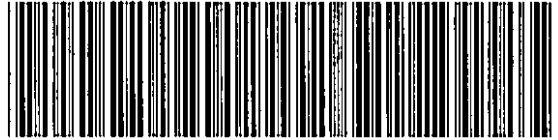
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2018 JUL -2 AM 11:47

JUL 06 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

The Bed Studio, Inc.  
Name of Corporation

DOCUMENT NUMBER:

P12000083983

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:

MARTIN ANGELO  
Name of Contact Person

The Bed Studio  
Firm/Company

5801 NE 19th Ave.  
Address

Fort Lauderdale, FL 33308  
City/State and Zip Code

thebedstudio@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN ANGELO  
Name of Contact Person

at (904) 405-8174  
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

RECEIVED  
DIVISION OF CORPORATIONS  
JUL -2 4 11:00

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 Bed Studio, Inc.  
2. The principal office address: 5801 NE 19th Ave.  
Fort Lauderdale, FL 33308  
3. The mailing address (if different): (same)  
4. Date of incorporation/qualification: 10/01/2012 Document number: P12000083983

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)

Landis Carrie R.  
6996 NW 113th Ave.  
Parkland, FL 33076

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

MARTIN ANGELO  
5801 NE 19th Ave.  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33308

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.

Carrie Landis  
Signature of an officer or director

6/8/2018  
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.

Martin Angelo  
Signature of Registered Agent

6/8/2018  
Date

If signing on behalf of an entity:

MARTIN ANGELO  
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)

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