

PN2000099606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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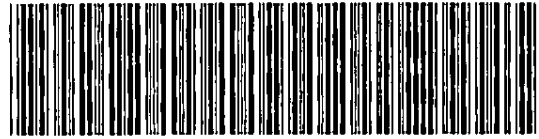
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scott Anthony Salon Inc.
Name of Corporation

DOCUMENT NUMBER: P12000099606

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:

Cherryle Tineo
Name of Contact Person

Scott Anthony Salon
Firm/Company

8890 Salrose lane Suite 103
Address

ft. Myers fl. 33912
City/State and Zip Code

Cherryle 2001 @Yahoo.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherryle Tineo at (239) 209-9045
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Scott Anthony Salon
2. The principal office address: 8890 Salrose lane Suite 103
ft. Myers fl 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/06/2012 Document number: P12000099606
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)
Legal inc. Corporate Services Inc.
5237 Summerlin Commons
Suite 400 fort Myers fl 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cherryle Tineo
8890 Salrose lane Suite 103
P.O. Box NOT acceptable
ft Myers fl 33912

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.

[Signature]
Signature of an officer or director

Cherryle Tineo
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.

[Signature]
Signature of Registered Agent

03/16/21
Date

If signing on behalf of an entity:

Typed or Printed Name

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