

P130000023865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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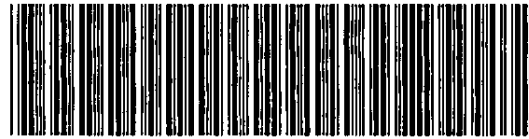
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLY BEAUTY, INC.
Name of Corporation

DOCUMENT NUMBER: P13000023865

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:

GUSTAVO ROMERO

Name of Contact Person

Firm/Company

5080 ANUNCIATION CIRCLE SUITE 306

Address

AVE MARIA/FLORIDA/34142

City/State and Zip Code

GUSTAVO.ROMERO.LP@GMAIL.COM

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

For further information concerning this matter, please call:

GUSTAVO ROMERO at (**202**) **2624231**
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2013

Gustavo Romero
5080 Anunciation Circle
Suite 306
Ave Maria, FL 34142

SUBJECT: HOLY BEAUTY, INC.
Ref. Number: P13000023865

We have received your document for HOLY BEAUTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the registered agent's name in paragraph 5. The form must be signed by either an officer or the registered agent. The signature lines were left blank.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 113A00009951

RECEIVED
13 MAY - 7 AM 8:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: HOLY BEAUTY INC
2. The principal office address: 5080 ANNUNCIATION CIRCLE SUITE 306
AVE MARIA, FLORIDA 34142
3. The mailing address (if different): _____

4. Date of incorporation/qualification: MARCH 14, 2013 Document number: P13000023865

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)

Gustavo Romero
247 SW 8TH ST

MIAMI, FL 33130

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

5080 ANNUNCIATION CIRCLE, SUITE 306

AVE MARIA, FLORIDA 34142

P.O. Box NOT acceptable

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.

X _____
Signature of an officer or director

GUSTAVO ROMERO, 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.

X _____
Signature of Registered Agent

May 3, 2013
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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