

P13000037331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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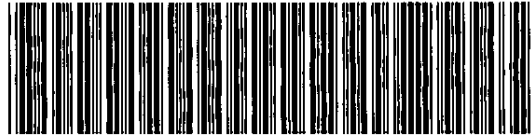
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND
FILED

C. LEWIS

MAY 8 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Monet Kollection
Name of Corporation

DOCUMENT NUMBER: P-13000037331

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:

Khrystal Wright
Name of Contact Person

CEO & Founder of Monet Kollection
Firm/Company

1445 North West 6th Ave
Address

Fort Lauderdale, Florida 33311
City/State and Zip Code

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

For further information concerning this matter, please call:

Khrystal Wright at 954, 548-9761
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

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

1. The name of the corporation: Monet Kollection Inc.
2. The principal office address: Don't have a office yet.
3. The mailing address (if different): 1445 North West 6th Ave
4. Date of incorporation/qualification: Sept. 11, 2011 Document number: D13000037331
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)

HADDEN, ANDREA
1445 NW 6TH AVE
FORT LAUDERDALE, FL 33311

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

Khrystal Wright
1445 North West 6th Ave
P.O. Box NOT acceptable
Fort Lauderdale, Florida 33311

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TALLAHASSEE, FLORIDA

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AND
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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.

Khrystal Wright
Signature of an officer or director

Khrystal Wright
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.

Khrystal Wright
Signature of Registered Agent

04/22/14
Date

If signing on behalf of an entity:

Khrystal Wright
Typed or Printed Name

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