

P13000058765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

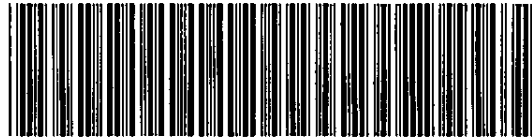
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T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELLA CORPO ESTHETIC CENTER INC  
Name of Corporation

**DOCUMENT NUMBER:** P13000058765

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:

JUAN C. GONZALEZ

Name of Contact Person

BELLA CORPO ESTHETIC CENTER INC

Firm/Company

3223 S FEDERAL HWY SUITE A-3

Address

FORT PIERCE, FL 34982

City/State and Zip Code

anita870@hotmail.com

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

For further information concerning this matter, please call:

JUAN C. GONZALEZ

Name of Contact Person

772 979-4188

at ( ) 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bella Corpo Esthetic Center Inc.
2. The principal office address: 3223 S Federal Hwy Suite A-3  
Fort Pierce, FL 34982
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/11/2013 Document number: P13000058765
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)

Ana M. Adkison

2112 SE EATONVILLE DR  
PORT ST LUCIE FL 34952

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

Juan C. Gonzalez

3223 S Federal Hwy Suite A-1

P.O. Box NOT acceptable

Fort Pierce, FL 34982

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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.

Juan C. Gonzalez  
Signature of an officer or director

Juan C. Gonzalez, 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.

Juan C. Gonzalez  
Signature of Registered Agent

12/10/2014

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