(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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TO:

TO: Amendment Section Division of Corporations
SUBJECT: OH MY GAUZE FRANCHISE, INC.
DOCUMENT NUMBER: P13000099300
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:
Name of Contact Person
6H MY AMBL /NC
2046 1911 STREET
SMYAGOTA W 34274 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (G4), 400 - 9755 Area Code & Daytime Telephone Number
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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OH MYGAUZE FRANCHISE, INC
2. The principal office address: JAA 9 19 1 STUKI
3. The mailing address (if different):
12/12/2010 - 2/202009200
4. Date of incorporation/qualification: $12/12/2013$ Document number: 1300099300
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)
CORPORATION SERVICE COMPANY
1201 HAYS GTARES
IMLAHASSEE, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SAGON CAGTURN
4505 CAMINO HEAV
SALASOTA & 3403 [
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.
Signifure of an officer or director Signifure of an officer or director 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 of Registered Agent Date
If signing on behalf of an entity:
JASON CASTLLAN Typed or Printed Name
rypod or rimod counts

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