

P14000025491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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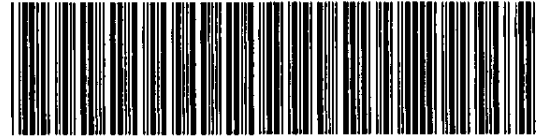
(Business Entity Name)

(Document Number)

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3/2/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Classy You Hair Studio, Inc.
Name of Corporation

DOCUMENT NUMBER: 46-5191032

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:

Joan P. Burns

Name of Contact Person

Classy You Hair Studio, Inc.

Firm/Company

9702 Lancaster Pl.

Address

Boca Raton, Florida 33434

City/State and Zip Code

classyyouhairstudio@gmail.com

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

For further information concerning this matter, please call:

Joan P. Burns

Name of Contact Person

at (561) 526-5881

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: Classy You Hair Studio, Inc.
2. The principal office address: 9702 Lancaster Place , Boca Raton, Florida 33434

3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 20, 2014 Document number: 46-5191032

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)

Kevin Kassebaum, CPA

7015 Beracasa Way Suite 105

Boca Raton, Florida 33433-3453

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

Joan P. Burns

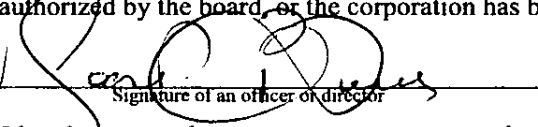
9702 Lancaster Place

P.O. Box NOT acceptable

Boca Raton, Florida 33434

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 of an officer or director

Joan P. Burns Pres.
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

2.22.17.
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
CR2E045 (03/12)