

P140000064514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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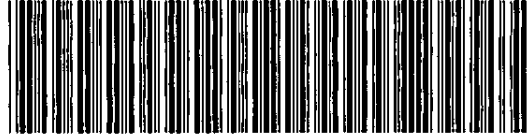
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

JUL 15 2015  
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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Heavy Hittaz Barber Shop Hipolox, Inc.  
Name of Corporation

DOCUMENT NUMBER: P140000064 514

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:

Marlene B Castro  
Name of Contact Person

Heavy Hittaz Barber Shop Hipolox, Inc.  
Firm/Company

4595 Hipolox Rd  
Address

Lake Worth, FL 33463  
City/State and Zip Code

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

For further information concerning this matter, please call:

Marlene B Castro at ( 561 ) 577 7971  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEAVY HATZ BARBERSHOP-Hipoloxo, Inc
2. The principal office address: 4595 Hipoloxo Rd Ste 19  
Lake Worth, FL 33463
3. The mailing address (if different): 5716 Boynton Bay Cir  
Boynton Beach, FL 33439
4. Date of incorporation/qualification: July 8 2015 Document number: P14000064514
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)  
Armando Lopez  
10871 NW 4th Pl  
Coral Springs, FL 33071

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

Marlene B. Castro  
5716 Boynton Bay Cir  
P.O. Box NOT acceptable  
Boynton Beach, FL 33435

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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.

Marlene B. Castro  
Signature of an officer or director

MARLENE B. Castro  
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.

Marlene B. Castro  
Signature of Registered Agent

7-8-15  
Date

If signing on behalf of an entity:

MARLENE B. Castro  
Typed or Printed Name

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