(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	☐ MAIL Ó
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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JUL 28 2015

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change Registered Agent
Name of Corporation

DOCUMENT NUMBER: P14000093812

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:

Rukshana Versi

Name of Contact Person

Eyebrow Threading

Firm/Company

9520 Toledo Ln

Address

Davie,FI 33324

City/State and Zip Code

ruxiversi@gmail.com

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

For further information concerning this matter, please call:

Rukshana Versi

_,954 4243323

Street Address:

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

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

statement of cha	nge is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to oration organized under the laws of the State of Florida. The first or registered agent, or both, in the State of Florida.	his ——	
1. The name of t	he corporation. Eyebrow	v Threading Inc.		
2. The principal	office address: 9520 tole	edo In Davie FL 33324		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/	18/2014 Document number: P140000938	12	
5. The name and		nt registered agent and registered office on file with the		
	Corporation Service	e Company		
1201 Hays Street				
	Tallahassee, FL 32	2301	15.	338
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered office	15 JUL 24	RETARY
	Rukshana Versi		A	哲学の
	9520 Toledo Lane		7: 5	POP STATE
	P.O. Box NOT acceptable			Ŧ,
	Davie ,FI 33324			
The street address as changed will	ess of its registered office a be identical.	and the street address of the business office of its registered	ed agent,	
Such change wa authorized by the	as authorized by resolution be board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.		
4	K- Versi	Rukshana Versi		
_	te of an officer or director the appointment as registe to comply with the provisile my duties, and I am famili is document is being filed n that the corporation has be	Printed or typed name and title ared agent and agree to act in this capacity. are of all statutes relative to the proper and complete ar with and accept the obligation of my position as regist merely to reflect a change in the registered office address een notified in writing of this change.	tered s, I	
(1)	2. Urne=	7/17/2015		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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