

P150000096259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

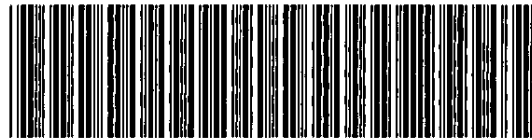
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2017

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carefully Chosen Hair Boutique Inc
Name of Corporation

DOCUMENT NUMBER: P15000096259

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:

Macherie Rhyant
Name of Contact Person

Carefully chosen hair boutique inc
Firm/Company

1711 N 25th St D
405 Ave M
Address

Fort Pierce, FL 34958
City/State and Zip Code

crhyant87@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Macherie Rhyant at (772) 626 3662
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: Carefully Chosen Hair Boutique Inc
2. The principal office address: 1711 N 25th St Fort Pierce FL 34950
3. The mailing address (if different): 1105 Ave M Fort Pierce FL 34950
4. Date of incorporation/qualification: 11/30/2015 Document number: P15000096259
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)

Kilbasa Palmer
1105 Ave M
Fort Pierce, FL 34950

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

Macherie Rhyant
1105 Ave M
Fort Pierce, FL 34950

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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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.

Kilbasa Palmer
Signature of an officer or director

Kilbasa Palmer
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.

Macherie Rhyant
Signature of Registered Agent

5/8/17
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