

P160000 11979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2020

MARGARITA TORRES
12850 W SR 84, LOT 15-11
DAVIE, FL 33325

SUBJECT: SHIAN DOMINICAN STYLES CORP
Ref. Number: P16000011979

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The registered agent must sign accepting the designation.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 120A00002338

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SHIAN DOMINICAN STYLES CORP**
(Name of Corporation)

DOCUMENT NUMBER: **P16000011979**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARITA TORRES
(Name of Person)

(Name of Firm/Company)
12850 W SR 84, LOT 15-11
(Address)

DAVIE, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARITA TORRES at **(754) 244-4745**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
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: SHIAN DOMINICAN STYLE CORP
2. The principal office address: 2702 N UNIVERSITY SR, SUNRISE, FL 33322

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/4/2016 03/14/2016 Document number: P16000011979

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)

Rosario Martinez (RESIGNED)

131 NW 108TH AVE

PEMBROKE PINES, FL 33026

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

Margarita Torres

12850 W SR 84, Lot 15-11

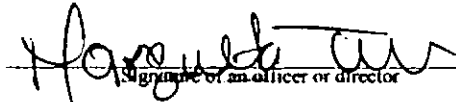
P.O. Box NOT acceptable

Davie, FL 33325

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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.


Signature of an officer or director

Margarita Torres / PRESIDENT
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

02-10-2020
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