

P16000042334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

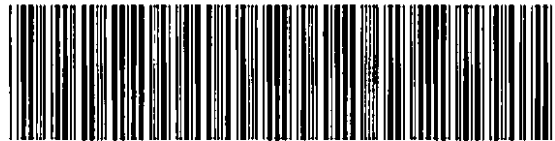
(Business Entity Name)

(Document Number)

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2018 AUG 16 AM 10:18  
SECOND JUDGE STATE  
HALL ALABAMA, FLORIDA

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AUG 17 2018  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: His & Hers Lux Barbershop inc  
Name of Corporation

DOCUMENT NUMBER: P160000042334

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:

Luc Coridan  
Name of Contact Person

His & Hers Lux Barbershop INC  
Firm/Company

364 East Palmetto Park Rd Suite 4  
Address

Boca Raton FL 33432  
City/State and Zip Code

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

For further information concerning this matter, please call:

Luc Coridan at (407) 952 6403  
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: HIS & HERS Lux Partnership INC  
2. The principal office address: 364 E Delmetto Rd Suite 4  
Boca Raton FL 33432  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/11/2016 Document number: 216000042334  
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)

364 E Delmetto Park Rd Suite 4  
Boca Raton FL  
33432 -

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

1682 N Federal Hwy  
Boca Raton Florida  
33431  
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
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]  
Signature of Registered Agent

Aug - 13<sup>th</sup> - 2018  
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