

P16000061395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

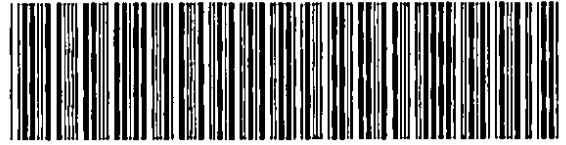
(Business Entity Name)

(Document Number)

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2020 SEP 17 PM 12:44
CLERK OF STATE
TALLAHASSEE, FL

8/12/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hair Flair Styles, Inc.
Name of Corporation

DOCUMENT NUMBER: P160000061395

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:

Tisha Rivera
Name of Contact Person

Hair Flair ~~Styles~~ Styles, Inc.
Firm/Company

4699 Ilah Rd N.
Address

Jax, FL 32257
City/State and Zip Code

tisharivera1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tisha Rivera at (904) 521 8389
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. - *Not necessary*

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Hair Flair Styles, Inc.
2. The principal office address: 9825 San Jose Suite 33
Jax, FL 32257
3. The mailing address (if different): 4699 Ilah Road N. Jax, FL 32257
4. Date of incorporation/qualification: 7/21/10 Document number: P16000061395
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)

Tisha Rivera
4699 Ilah Road N.
Jacksonville, FL 32257

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

10092-6 San Jose Blvd
P.O. Box NOT acceptable
Jax, FL 32257

FILED
2020 SEP 17 PM 12:44
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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.

Tisha Rivera
Signature of an officer or director

Tisha Rivera, owner
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

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
CR2E045 (04/13)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2020

TISHA RIVERA
9825 SAN JOSE BLVD.
33
JACKSONVILLE, FL 32257

SUBJECT: HAIR FLAIR STYLES, INC
Ref. Number: P16000061395

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

JEARLD H QUICK
OPS

Letter Number: 720A00020906

**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: Hair Flair Styles, Inc.
2. The principal office address: 9825 San Jose Blvd #33
Jax, FL 32257
3. The mailing address (if different): PO Box 57851 Jax, FL 32251
4. Date of incorporation/qualification: 7/31/10 Document number: 11000000101395
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)

~~TERRA Hair Flair Styles, Inc~~
~~10092-L San Jose Blvd~~
~~Jax, FL 32257~~

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

Hair Flair Styles, Inc
10092-L San Jose Blvd
Jax, FL 32257

P.O. Box NOT acceptable

*moving
changing
Principal
Address
location*

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.

Julia Rivera
Signature of an officer or director

Tisha Rivera Pres.
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.

Julia Rivera
Signature of Registered Agent

9/8/2000
Date

If signing on behalf of an entity:

Hair Flair Styles Inc
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