

P170000 23243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STUDIO BEAUTY SALONS INC

Name of Corporation

**DOCUMENT NUMBER:** P17000023243

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:

Evelyn Medina

Name of Contact Person

STUDIO BEAUTY SALONS INC

Firm/Company

5661 NW 195TH DR

Address

MIAMI GARDENS, FL 33055

City/State and Zip Code

evelynbayona2013@gmail.com

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

For further information concerning this matter, please call:

Evelyn Medina

Name of Contact Person

at ( 305 ) 305-3918

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

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19 AUG 15 PM 2:30

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: STUDIO BEAUTY SALONS INC  
2. The principal office address: 5661 NW 195TH DR  
MIAMI GARDENS FL 33055  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/14/2017 Document number: P17000023243

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)

Evelyn Medina

4628 SW 125th LN

Miramar, FL 33027

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

EVELYN I BAYONA


4628 SW 125TH LN

P.O. Box NOT acceptable

MIRAMAR FL 33027

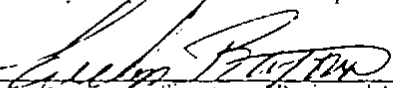
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

08/13/19  
Date

If signing on behalf of an entity:

Evelyn Bayona  
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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 15 PM 2:59:00