

P17000048254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

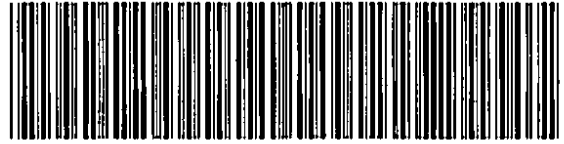
(Document Number)

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2018 JUL 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL

C GOLDEN

JUL 27 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GISELLE BY ME BOUTIQUE INC

Name of Corporation

DOCUMENT NUMBER: P17000048254

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:

GISELLE PUIG

Name of Contact Person

GISELLE BY ME BOUTIQUE INC

Firm/Company

14175 SW 87TH ST APT C-211

Address

MIAMI, FL, 33183

City/State and Zip Code

GISELLEPUIG87@HOTMAIL.COM

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

RECEIVED
18 JUL 21 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

GISELLE PUIG

Name of Contact Person

305 915 6585

at () 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

GISELLE PUIG
14175 SW 87TH STREET
APT. C 211
MIAMI, FL 33183

SUBJECT: GISELLE BY ME BOUTIQUE.INC
Ref. Number: P17000048254

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 318A00012208

**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: GISELLE BY ME BOUTIQUE INC
2. The principal office address: 14175 SW 87TH ST APT C - 211
MIAMI, FL, 33183
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/31/2017 Document number: P17000048254

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)

GISELLE PUIG
7970 SW 8TH ST
MIAMI, FL, 33144

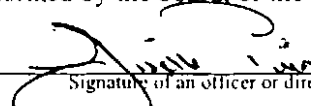
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GISELLE PUIG
14175 SW 87TH ST APT C - 211
P.O. Box NOT acceptable
MIAMI, FL, 33183

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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.



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

7/3/18

Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***