P180000 90619

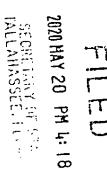
1	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Beauty Hair by EDA, Inc.	
Name	e of Corporation	
DOC	UMENT NUMBER: P18000090619	
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Eda V	/alie	
Name	of Contact Person	
Beaut	y Hair by Eda, Inc.	
Firm/	Company	
5851	Holmberg Road - #1111	
Addre	288	
Parkla	and, FL 33067	
City/S	State and Zip Code	
	beautybyeda8@gmail.com	
E-ma	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, p	lease call:
Eda V	'alle	21 / 561 \ 289-7947
	Name of Contact Person	at (561) 289-7947 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the I	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S in organized under the laws of the State of $\frac{\Gamma}{2}$ ir registered agent, or both, in the State of F	lorida	this	
1. The name of t	he corporation: Beauty Hair by E	DA. Inc.			
		oad. #1111, Parkland, FL 33067			_
3. The mailing a	ddress (if different):				_
4. Date of incorp	oration/qualification: 10/30/2018	Document number: P1800009	0619		
	street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the		
	Angela Delgado, CPA				
	665 SE 10th Street		5.0	20	
	Deerfield, FL 33067		TLY ECH)20 H/	7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi			1020 HAY 20 PH	
	Eda Valle		<u> </u>	PH 4: I	
	5851 Holmberg Road, #1111		;	8	
	P.O. Boy NOT acceptable				
	Parkland, FL 33067				
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its	registe	red ag	ent.
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer s	0	
ALIC	0000	Eda Valle, President			
•	e of an officer or director	Printed or typed name and ut	le		_
I further agree t of my duties, and document is bei	o comply with the provisions of A Lam familiar with and accept	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address. I hereb change,	l agent.	Or, if	'This
(+a)	0000	05/17/2020			
Sign	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
Ту	ped or Printed Name	_			

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