

P19000 020 002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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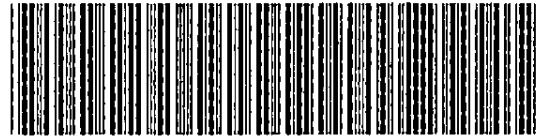
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2019

ROSALIA VALDES
1360 SW 6TH ST STE 3
MIAMI, FL 33135

SUBJECT: LE DREAM NAIL BOUTIQUE & SPA INC
Ref. Number: P1900002002

We have received your document for LE DREAM NAIL BOUTIQUE & SPA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The registered agent signature must match Maria cristina fabelo rodriguez

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 619A00021510

RECEIVED

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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: Le dream Nail Boutique & Spa Inc

2. The principal office address: 1360 sw 6th st SUITE 3 Miami FL 33135 Suite #3

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P19000020002

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)

Rosalia Valdes

1360 sw 6th st SUITE 3 Miami FL 33135 Suite #3

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


Maria Cristina Fabelo Rodriguez

P.O. Box NOT acceptable

543 Nw 136th Place Miami FL 33135

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

Rosalia Valdes 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.

Maria C Fabelo

Signature of Registered Agent

10/31/2019

Date

If signing on behalf of an entity:

Maria Cristina Fabelo Rodriguez

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