

PI9000 063 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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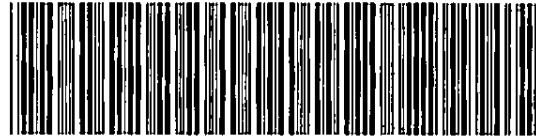
(Business Entity Name)

(Document Number)

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OCT 29 2019
C. Kins

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ballet Barres Inc. of Florida
Name of Corporation

DOCUMENT NUMBER: P19000063302

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:

Joseph M O'Connor

Name of Contact Person

Ballet Barres Inc. of Florida

Firm/Company

6410 S. Suncoast Blvd Unit 7

Address

Homosassa FL 34446

City/State and Zip Code

admin@ajustabarre.com

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

For further information concerning this matter, please call:

Joseph M O'Connor at (352) 419 4843
Name of Contact Person 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

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: Ballet Barres Inc. of Florida
2. The principal office address: 6410 S. Suncoast Blvd Unit 7 Homosassa FL 34446

3. The mailing address (if different): P.O. Box 1542 Homosassa Springs FL 34447

4. Date of incorporation/qualification: Aug 07 2019 Document number: P19000063302

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)

Joseph M O'Connor

6410 S. Suncoast Blvd Unit 7

Homosassa FL 34446

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

Joseph M O'Connor


6315 S. Esmeralda Terrace

P.O. Box NOT acceptable

Lecanto FL 34461

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.

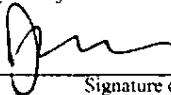


Signature of an officer or director

Joseph M O'Connor 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

Sep 26 2019

Date

If signing on behalf of an entity:

Joseph M O'Connor

Typed or Printed Name

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