P200000 15339

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COVER LETTER

TO:

Amendment Section

Division of Corporations	
SUBJECT: POSH NAILS & SPA OF SWFL INC	z
Name of Corporation	·
DOCUMENT NUMBER: P20000015339	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing
Please return all correspondence concerning th	nis matter to the following:
ESTHER MARRERO	
Name of Contact Person	1.14 1.130 1.13 I
EGM BUSINESS AND HOME SOLUTIONS LLC	С
Firm/Company	
1401 VISCAYA PKWY, STE 4	
Address	
CAPE CORAL, FL 33990	
City/State and Zip Code	
ESTHER@EGMBUSINES	SSSOLUTIONS.COM
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this matter	, please call:
ANGEL PAULET	at (239 \ \)600-9420

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

Name of Contact Person

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statute canized under the laws of the State of <mark>FLORI</mark> istered agent, or both, in the State of Florida	DA		
1. The name of t	he corporation: POSH NAILS & SPA	OF SWFL INC			
2. The principal	office address: 1311 NE PINE ISLAND	RD, SUITE 102			
CAPE CORAL.					
3. The mailing a	ddress (if different): 1401 VISCAYA F	PKWY, STE 4, CAPE CORAL, FL 33990			
		Document number: P20000015339			
	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)			
	ANGEL PAULET				
	1110 DEL PRADO BLVD S UNIT E				
	CAPE CORAL, FL 33990	· · · · · · · · · · · · · · · · · · ·	HAR	1 N G1S	
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office	2820 MAR 11 PM 2:01	HAISION OF CORP IS Y	
	EGM BUSINESS AND HOME SOLU	TIONS LLC	5	5.7 5.7 5.7	
	1401 VISCAYA PKWY, STE 4)6	z.	
	P.O.	Box NOT acceptable			
	CAPE CORAL, FL 33990				
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of its regis	stered ag	jent,	
Such change wa authorized by the	as authorized by resolution duly adop ne board, of the corporation has been	ted by its board of directors or by an office notified in writing of the change.	r so		
Ą	1	ANGEL PAULET, PRESIDENT			
Signatu	re of an officer or director	Printed or typed name and life		_	
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and complete obligation of my position as registered agen the registered office address, I hereby conge.	perform it. Or if firm thai	ance this t the	
A DIV	R100200)	03/06/2020			
Sig	nature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
1	yped or Printed Name				

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