P20000045901

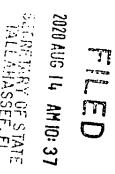
(Requestor's Name)		
(Address)		
(Address)		
(10.00)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(Excernent Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
,		
<u> </u>		





300349503263

08/11 - 20-00 00/4 - 000 - ** 50.00



Ja 10/02/20

COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: I & L Beauty Mai	Is and Spa.	
DOCUMENT NUMBER: P2 00 00 04 5 9 0 1		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	eter to the following:	
Inanil Tequiledo		
Ingrid Izquilrdo Name of Contact Person		
Z7707 5. dixie Hwy Firm/Company		
Firm/Company /		
Unit 213 Address		
Address		
Homestead, Florida, 330	136	
Homestead Florida, 33032 City/State and Zip Code' <u>ingridayala 55 @ yahoo. com</u> E-mail address: (to be used for futule annual report notification)		
Email address (to be used for fitting around social)		
E-mail address. (to be dised for future aimdar report indiffication)		
For further information concerning this matter, please call:		
Tranich Tzamierda	78/2 25412NBU	
Name of Contact Person	at (786) 3546094 Area Code & Daytime Telephone Number	
	The sale to bay time receptions ramber	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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 <u>FLOXICA</u>
1. The name of the corporation: <u>T&L Bravey Nails and Spa.</u> 2. The principal office address: <u>27707</u> 5. dixie Hwy, Uwit 213. Home stead.
2. The principal office address: 27709 5. dixie Hwy, Uw+ 213. Homestead.
Florida. 33032.
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{6/17/2020}{}$ Document number: $\underline{P20000045901}$
 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)
Engrid Izquierdo Ridibeidys Cyro 27707 S. dixie Hwy. Ywit 213. Homestrad. Fl. 33032 6. The name and street address of the new registered agent (if changed) and for registered office of the control o
Homes kell. Fl. 33032 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.
TROUGHTHE TINGRID (P) Signature of an officer or director 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. Agent Bate Bate
If signing on behalf of an entity:
Ingrid
Typed or Printed Name

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