

P220000009973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

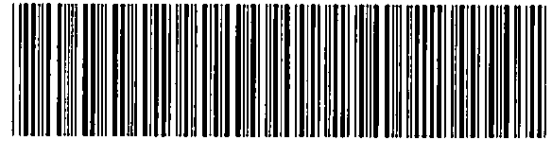
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2023 NOV 17 PM 4:43

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TALLAHASSEE, FL

A. BUTLER  
NOV 17 2023

RECEIVED  
AUG 28 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** METHOD AESTHETICS ACADEMY INC  
Name of Corporation

**DOCUMENT NUMBER:** P22000009973

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:

BRITTANY PEREZ

Name of Contact Person

METHOD AESTHETICS ACADEMY

Firm/Company

24 N TARRAGONA ST

Address

PENSACOLA, FL 32502

City/State and Zip Code

MAAPENSACOLA@GMAIL.COM

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

For further information concerning this matter, please call:

BRITTANY PEREZ

Name of Contact Person

at (850)

512-6619

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: METHOD AESTHETICS ACADEMY INC  
Name of Corporation

DOCUMENT NUMBER: 122000009973

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:

BRITTANY PEREZ

Name of Contact Person

METHOD AESTHETICS ACADEMY

Firm/Company

24 N TARRAGONA ST

Address

PENSACOLA, FL 32502

City/State and Zip Code

MAAPENSACOLA@GMAIL.COM

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

For further information concerning this matter, please call:

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at ( 850 ) 512-6619

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P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

UPDATED

**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: Method Aesthetics Academy Inc  
2. The principal office address: 5855 Creek Station Dr.  
Pensacola FL 32504  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 2/21/2022 Document number: P22000009973  
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)

Resigned

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

5855 Creek Station Dr.  
Pensacola, FL 32504

P.O. Box NOT acceptable

SECRET

2023 NOV 17 PM 4:43

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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.

Buffy Perez  
Signature of an officer or director

Brittany Perez, 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.

Buffy Perez  
Signature of Registered Agent

11/1/23  
Date

If signing on behalf of an entity:

Brittany Perez  
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

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: METHODIA AESTHETICS ACADEMY INC  
2. The principal office address: 24 N. TARRAGONA STREET *new address*  
5855 Creek Station Drive  
PENSACOLA FL 32504

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/21/2022 Document number: P22000009973

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)

RESIGNED previously Marlee Fanner Bruno

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

BRITTANY PEREZ  
3732 CORNER BROOK DRIVE  
PACE, FL 32571  
P.O. Box, NOT acceptable

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.

*Brittany Perez*  
Signature of an officer or director

BRITTANY PEREZ, PRESIDENT  
Printed or typed name and title

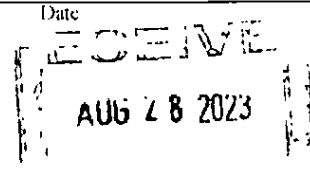
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, 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.*

*Brittany Perez*  
Signature of Registered Agent

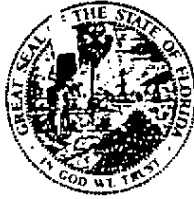
8/07/2023  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name



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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2023

BRITTANY PEREZ  
24 N TARRAGONA ST  
PENSACOLA, FL 32502

SUBJECT: METHOD AESTHETICS ACADEMY INC  
Ref. Number: P22000009973

We have received your document for METHOD AESTHETICS ACADEMY INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document is illegible and not acceptable for imaging.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 623A00022434

REC'D 11/2023

2023 OCT 10 10:00 AM  
DIVISION OF CORPORATIONS