

P22000017721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/4/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sophia LeStudio Inc
Name of Corporation

DOCUMENT NUMBER: P22000017721

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:

Sophia Le
Name of Contact Person

Sophia LeStudio Inc
Firm/Company

1388 Beach Blvd
Address

Jacksonville Beach, FL 32250
City/State and Zip Code

sophiasle777@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Le at (352) 410-2555
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To: Amendment Section

Division of Corporations

Regarding:

Sophia LeStudio Inc Registered Agent Address Change

This letter is stating that I would like to change only the address for the registered agent, which will also act as my mailing address for my business, Sophia LeStudio Inc.

The old address for the registered agent and mailing address was:

13961 Sandhill Crane Dr. South

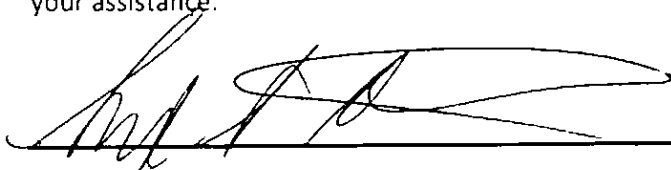
Jacksonville, FL 32224

The new address for the registered agent and mailing address should be:

1388 Beach Blvd.

Jacksonville Beach, FL 32250

The registered agent name, SOPHIA LE, is current and will not change, just the address. Thank you for your assistance.

A handwritten signature in black ink, appearing to be 'Sophia Le', is written over a horizontal line.

03/17/2022

**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: Sophia LeStudio Inc
2. The principal office address: 1388 Beach Blvd
Jacksonville Beach, FL 32250
3. The mailing address (if different): 1388 Beach Blvd, Jacksonville Beach, FL 322
4. Date of incorporation/qualification: 2/22/2022 Document number: P22000017721
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)

Sophia Le
13961 Sandhill Crane Dr. S.
Jacksonville, FL 32224

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

Sophia Le
1388 Beach Blvd
Jacksonville Beach, FL 32250

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.

[Signature]
Signature of an officer or director

Sophia Le 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]
Signature of Registered Agent

3/17/22
Date

If signing on behalf of an entity:

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)

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