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To:			
From:	Account Name : UNITED CORPORATE SERVICES, INC. Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:	2024 HAR 13 AH 10	
1:25	REGISTERED AGENT CHANGE VINTAGE ELEGANCE JEWELRY INC.	μ μ μ μ	
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	From:	Division of Corporations Fax Number : (850)617-6380 From: Account Name : UNITED CORPORATE SERVICES, INC. Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Email Address: REGISTERED AGENT CHANGE VINTAGE ELEGANCE JEWELRY INC. Certificate of Status 0 Certificate of Status 0	Division of Corporations Fax Number : (850)617-6380 From: Account Name : UNITED CORPORATE SERVICES, INC. Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: REGISTERED AGENT CHANGE VINTAGE ELEGANCE JEWELRY INC. Certificate of Status Certified Conv. B

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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: Vintage Elegance Jewelry Inc.

2. The principal office address: 800 E. HALLANDALE BEACH BLVD. #16

HALLANDALE BEACH, FL 33090

3. The mailing address (if different): _

6.

4. Date of incorporation/qualification: March 5, 2024 Document number: P24000016200

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)

ARIEL TALASAZAN

	3500 MYSTIC POINTE DRIVE #2002	4	20	
	MIAMI, FL 33180		2024 HAR	
The name and (if changed):	l street address of the new registered agent (if changed) and /or registered o		13	
	Ariel Talasazan		AM 10:	D
	18117 Biscayne Blvd.		: 3	
	P.O. Box NOT acceptable			

Miami, FL 33160

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.

/s/ Ariel Talasazan	Ariel Talasazan, President
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.

/s/ Ariel Talasazan

. . . . **.**

Signature of Registered Agent

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)

3/13/24 Date