P23000008276



200414463922

08/28/23--01021--012 **35.00

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SC FASHION STYLIST INC. Name of Corporation					
DOCUMENT NUMBER: P23000008276					
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
SARA OBERMAN					
Name of Contact Person					
SC FASHION STYLIST INC.					
Firm/Company					
1055 STILLWATER DRIVE					
Address					
MIAMI BEACH, FL 33141					
City/State and Zip Code					
SARALCOOP@GMAIL.CO	DM				
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter,	please call:				
SARA OBERMAN	at (917)282-3150 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the	Department of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporation or to change its registered office o	on organized ui	der the laws of the Sta	te of FLORI	DA	<u>_</u>
			em, or inm, in the state	e og 1 tortale		
1. The name of	the corporation: SC FASHION ST	ED DOLVE				
2. The principal MIAMI BEACH	office address: 1055 STILLWAT, FL 33141	EK DRIVE				
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 02/01/202	³ 1	Document number: P23	000008276		
	I street address of the current regitiment of State: (If resigned, ente		id registered office on t	ile with the		
	SARA OBERMAN					
	6101 LAGUNA DRIVE WEST					
	MIAMI BEACH, FLORIDA 331	41				
6. The name and (if changed):	I street address of the new registe	ered agent (if cl	nanged) and /or register	red office		
					23	
	1055 STILLWATER DRIVE			<u>:</u> :-::	23 AUG	רז־
		P.O. Box NOT a	ceptable	10.7	28	<u></u>
	MIAMI BEACH, FLORIDA 331	41				75 D
The street address changed will	ess of its registered office and the identical.	ne street addres	s of the business offic	e of is regis	alefted a	igent.
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its been notified	board of directors or line writing of the chang	by an office c.	r so	
e 0	.	SAR	A OBERMAN, PRESID	DENT		
Signatu	re of an officer or director		Printed or typed nam			
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered of to comply with the provisions of the dam familiar with and accept ing filed merely to reflect a char is been notified in writing of this	agent and agre f all statutes re t the obligation nge in the regis change.	e to act in this capacit lative to the proper an of my position as reg tered office address, I	v. d complete j istered agen hereby conj	verforn t. Or, firm the	nance if this at the
Som Oto	·	08/2	2/2023			
Sig	mature of Registered Agent		Date			
If signing on bo	half of an entity:					
SARA OBERMA	AN					
T	yped or Printed Name					

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