

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ageless Placements West, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000075417

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:

Samantha West
Name of Contact Person

Ageless Placements West, Inc.
Firm/Company

3635 Haven Drive
Address

New Port Richey, Florida 34652
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha West at (727) 710-2124
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: AGELESS PLACEMENTS WEST, INC.
2. The principal office address: 5510 RIVER ROAD SUITE 213
NEW PORT RICHEY FL. 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/27/2007 Document number: P07000075417
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)

SAMANTHA WEST
3635 Haven Drive
New Port Richey, FL 34652

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

SAMANTHA WEST
5510 River Road Suite 213
P.O. Box NOT acceptable
New Port Richey, FL 34652

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 SEP 27 PM 3:06

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.

Santha West
Signature of an officer or director

SAMANTHA WEST 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.

Santha West
Signature of Registered Agent

9/21/2010
Date

If signing on behalf of an entity:

SAMANTHA WEST
Typed or Printed Name

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