

P10000065331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

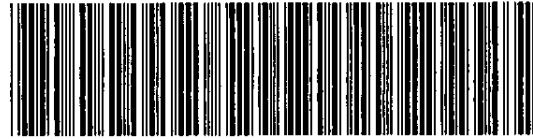
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 09 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Solution Therapy of Miami INC
Name of Corporation

DOCUMENT NUMBER: P10000065331

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:

Suan Matos
Name of Contact Person

One Solution Therapy of Miami, INC
Firm/Company

8300 West Pkwy #124
Address

Miami, FL 33144
City/State and Zip Code

yoyns@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suan Matos at (305) 222-1352
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: One Solution Therapy of Miami, INC
- 2. The principal office address: 8300 West Flagler, suite: 124
Miami FL 33144
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/29/2010 Document number: P10000065381

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)

Jorge Oscar Herrera, SR
8300 West Flagler #124
Miami FL 33144

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

Dr. Lucille Frail - Carrasco
8300 West Flagler #124
Miami FL 33144
P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

Jorge O. Herrera/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

3/2/12
Date

If signing on behalf of an entity:

LUCILLE FRIAL-CARRASCO, D.O.
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