## P98000026567

(Requestor's Name)

Essence, 515 N. PARK AVE SUITE 114 WINTER PARK FLA 32789



800181606168

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(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	

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SECRETARY OF STATE

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

Fursuant 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Essence Salow & Day Spa, Inc.
2. The principal office address: 515 N. PARN AVE SUITE 114  WINTER PARK Fl. 32789
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/23/98 Document number: P98 5000 26567
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)
BLANCH TORRES
648 STONEFIELD LOOP
LAKE MARY H. 32746.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Michael J. Vassa
ZOIB S. MELLONVILLE AVE
BANFOLD P. 32711
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 of an officer or director  And M- Verber (V.P)  Printed or typed fame 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.
Muhall John L/1/2010 Signapore of Registered Agent L/1/2010
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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