

P16000016295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

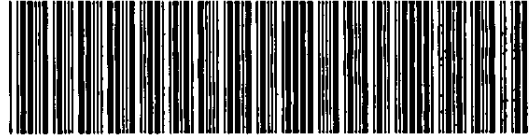
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900285797399

05/17/16--01011--005 **35.00

FILED
JUN -7 PM 2:30
CLERK OF COURT
CLERK OF COURT

6/8/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PALM SPA INC.**

Name of Corporation

DOCUMENT NUMBER: **P16000016295**

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:

JIYOON OH

Name of Contact Person

PALM SPA INC

Firm/Company

39 DIVISION ST RM 2B

Address

NEW YORK NY 10002

City/State and Zip Code

JCNY9999@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIYOON OH

Name of Contact Person

at (**703**) **470-6005**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2016

JIYOON OH
39 DIVISION ST., RM 2B
NEW YORK, NY 10002

SUBJECT: PALM SPA INC.
Ref. Number: P16000016295

We have received your document for PALM SPA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 116A00010648

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PALM SPA INC.
2. The principal office address: 1625 GULF TO BAY BLVD
CLEARWATER FL 33755
3. The mailing address (if different): 39 DIVISION ST. RM 2B
NEW YOR, NY 10002
4. Date of incorporation/qualification: 02/18/2016 Document number: P16000016295
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)

QIUYUE ZHANG

1625 GULF TO BAY BLVD

CLEARWATER FL 33755

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

JIYOON OH

1625 GULF TO BAY BLVD

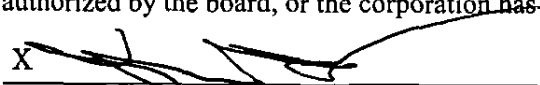
P.O. Box NOT acceptable

CLEARWATER FL 33755

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.

X

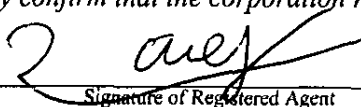

Signature of an officer or director

JIYOON OH, 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.

X


Signature of Registered Agent

05/10/2016

Date

If signing on behalf of an entity:

Qiu Yue Zhang

Typed or Printed Name

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