

F89646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

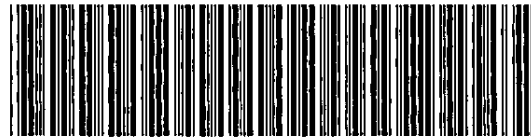
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Rosen

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Body Chemistry Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: F89646

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:

Stephanie Gil

Name of Contact Person

Body Chemistry Associates, Inc.

Firm/Company

9200 S. Dadeland Blvd. Suite 510

Address

Miami FL 33156

City/State and Zip Code

Stephanie@1800chemist.com

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

For further information concerning this matter, please call:

Stephanie Gil

Name of Contact Person

at (305) 670-6702

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: Body Chemistry Associates, Inc.
2. The principal office address: 9200 South Dadeland Blvd. Suite 510
Miami FL 33156
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 06/28/1982 Document number: F89646
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)

Jay D. Foster

9200 South Dadeland Blvd. Suite 320

Miami FL 33156

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

Jay D. Foster

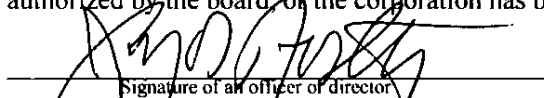
9200 South Dadeland Blvd. Suite 510

P.O. Box NOT acceptable

Miami FL 33156

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

Jay D. Foster 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 of Registered Agent

May 21, 2012

Date

If signing on behalf of an entity:

Jay D. Foster

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

CR21E045 (03/12)

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