

K75754

(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



800296029608

03/08/17--01044--003 \*\*35.00

rk chg  
MAR 09 2017  
R. WHITE

17 MAR -5 PM 3:20  
MAR 9 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Perfect Balance, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** K75754

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:

William C. Halm

Name of Contact Person

Perfect Balance, Inc.

Firm/Company

P. O. Box 1584

Address

Jupiter, Florida 33468-1584

City/State and Zip Code

office@perfectbalanceinc.com

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

For further information concerning this matter, please call:

Bill Halm

Name of Contact Person

at ( 561 ) 575-4919

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: Perfect Balance, Inc.  
2. The principal office address: 6462 Woodthrush Ct  
Palm Beach Gardens, Florida 33418  
3. The mailing address (if different): P. O. Box 1584  
Jupiter, Florida 33468-1584

4. Date of incorporation/qualification: 03/27/1989 Document number: K75754

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)


William C. Halm  
50 S. US Hwy #1, Suite 307  
Jupiter, Florida 33477

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

William C. Halm  
6462 Woodthrush Ct  
P.O. Box NOT acceptable  
Palm Beach Gardens, Florida 33418

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

William C. Halm, 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

03/01/2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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