N9900006300

(Requestor's Name)
(Address)
(Address)
(1.1.1.1.1.1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALCALIANY OF STATE
ANASSEE, FLORIDA

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Syntagy Yogh CENTER, Inc. (Name of corporation)
DOCUMENT NUMBER: N99000006300
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:
MARIANO ARDISSONE
(Name of person)
- Signature of the state of the
(Name of firm/company)
1800 SUNSET HARBOUR DR. # 1108
(Address)
MiANI BEACH, FL 33139
(City/state and zip code)
For further information concerning this matter, please call:
MARIANO ARDISSONE at (305) 495-3888 (Name of person) (Area code & daytime telephone number)
(Name of 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)



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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statem	· .
	J	in order
to change its regi	egistered office or registered agent, or both, in the State of Florida.	
1. The name of th	the corporation: SYNERGY YOGA CENTER, INC. 1 office address: 435 ESPANOLA WAY, MIAMI BEACH	
2. The principal o	office address: 435 ESPANOLA WAY, MIAMI BEACH	
	FL 33139	
3. The mailing ad	address (if different): SAME —	
4. Date of incorpo	rporation/qualification: 10/21/99 Document number: N99 00000 6	<u>:300</u>
	d street address of the current registered agent and registered office on file with the artment of State:	
	MARIANO ARDISSONE	
_	HIAMI BEACH, FL 33139	3 문
	MIAMI BEACH, FL 33139	C-
6. The name and s (if changed):	· · · · · · · · · · · · · · · · · · ·	PH I
-	EILEEN STEWALT	55
_	435 ESPAÑO LA WAY (P.O. Box or personal mailbox NOT acceptable)	
-	MIAMI BEACH, FL 33139	
The street addres changed will be i	ress of its registered office and the street address of the business office of its registered agent, e identical.	as
Such change was	vas authorized by resolution duly adopted by its board of directors or by an officer so authorize corporation has been notified in writing of the change.	zed by
X Miche	Signature of an other of director) Signature of an other of director) White down and title of directory directory	
duties, and I am j being filed merel	t the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance of amiliar with and accept the obligation of my position as registered agent. Or, if this documents to reflect a change in the registered office address, I hereby confirm that the corporation in writing of this change.	e of my ment is has
Eclos	(Signature of Registered Agent) (Date)	
If signing on beh	ehalf of an entity:	
	(Typed or Printed Name) (Canacity)	

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