## P00000078384 Requestor's Name

| NANCY             | HAFFERTY<br>49 ST.<br>H, FC 33013 |                     |  |
|-------------------|-----------------------------------|---------------------|--|
| HIAZEA            | 4, FC 33013                       | BER(S),             | Office Use Only (if known):                |
| 1(C               | orporation Name)                  | (Document #)        |  |
| 2(C               | orporation Name)                  | (Document #)        |  |
| 3. <u>(C</u>      | orporation Name)                  | (Document #)        |  |
| 4(C               | orporation Name)                  | (Document #)        | <u> </u>                                   |
| Walk in           | Pick up time                      | Ос                  | ertified Copy                              |
| Mail out          | ☐ Will wait ☐ Ph                  | otocopy $\square$ C | ertificate of Status                       |
| NEW BILLINGS      | AMENDMENTS                        |                     |  |
| Profit            | Amendment                         |                     | •  |
| NonProfit         | Resignation of R.A., C            | Officer/ Director   | 00000037915501                             |
| Limited Liability | Change of Registered              | Agent               | -03/01/0101002025<br>****182.50 *****35.00 |
| Domestication     | Dissolution/Withdraw              | al                  | -  |
| Other             | Merger                            |                     | •  |

| OTHER FILINGS     |
|-------------------|
| <br>Annual Report |
| Fictitious Name   |
| Name Reservation  |

| REGISTRATION/<br>QUALIFICATION |
|--------------------------------|
| Foreign                        |
| Limited Partnership            |
| Reinstatement                  |
| <br>Trademark                  |
| <br>Other                      |

DIVISION OF CORPORATIONS

OI NAR - I AM II: 03

R.A. Change,
Examiner's Initials / FT

## 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,  |          |
|--|----------|
| he undersigned corporation organized under the laws of the State of  |          |
| ubmits the following statement in order to change its registered office or registered agent, or both, in   |          |
| he State of Florida.   |          |
| The name of the corporation: $Malling Mails + Sa _ D B / B$  | 7        |
| MEDIEUAL SPAS, INC.  |          |
| The mailing address of the corporation: \$004 NW 1545 #175   |          |
| Mani lakes, H. 33016   |          |
| : Date of incorporation/qualification. 8-18 00 Document number: P00000 183   | 84       |
| . The name and address of the current registered agent and office:   |          |
| - FICK FERNANDEZ   |          |
| 8004 NW 154ST. #175  | <u>~</u> |
| Mani akes, Ft. 33016 - 3   | 200      |
| . The name and address of the new registered agent (if changed) and/or registered office (if changed)  | 30°7     |
| (P. O. Box Not Acceptable)   | 375      |
| - Nanca E, Haffertin   | 7        |
|  |          |
|  | -        |
| he street address of its registered office and the street address of the business office of its registered   |          |
| gent, as changed, will be identical.   |          |
| uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.   |          |
| D Remodel 12/1/00  |          |
| (Signature of an officer, chairman or vice chairman of the board) (Date)   |          |
| RIOK FERNHAMMET  |          |
| (Printed or typed name and title)  | -        |
| Taving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete experiment of my duties fand I am familiar with and accept the obligation of my position as |          |
| erformance of my duties, familiar with and accept the obligation of my position as   |          |
|  |          |
| (Signature of Registered Agent) (Date)   |          |
| signing on behalf of an entity:  |          |
|  | ¥        |
| (Typed or Printed Name) (Capacity)   |          |
| *** FH.ING FEE: \$35.00 * * *  |          |
| R2E045(9/00)   |          |
| DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314   |          |