

P01000116604

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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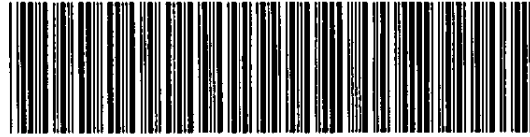
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*for the
above*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lumina Health Products, Inc
Name of Corporation

DOCUMENT NUMBER: P01000116604

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:

Mark Rubin
Name of Contact Person
Lumina Health Products, Inc
Firm/Company
2301 Porter Lake Drive
Address
Sarasota, FL 34240
City/State and Zip Code
mark@luminahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rubin at (941) 379-0479
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

