

PO2000005873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

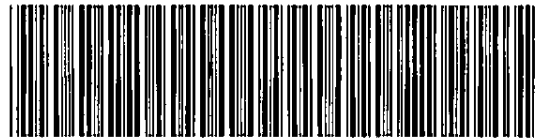
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500355698595

11/30/20--01017--011 **35.00

2020 NOV 30 PM 12:05

JAN 1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Massage Therapies, LLC
Name of Corporation

DOCUMENT NUMBER: P02000005873

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:

Renee L. Talabac

Name of Contact Person

RT Taxes, LLC

Firm/Company

825 S US Hwy 1, Ste 220

Address

Jupiter, FL 33477

City/State and Zip Code

renee@rttaxes.com

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

For further information concerning this matter, please call:

Renee Talabac

Name of Contact Person

at (561) 203-2352

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Professional Massage Therapies, Inc.
2. The principal office address: 17689 131st Terrace N, Jupiter, FL 33478
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 01/17/2002 Document number: P02000005873
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)

Talabac, Renee L.

7166 S.E. Osprey Street

Hobe Sound, FL 33455

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

Talabac, Renee L.

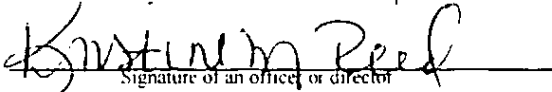
825 S US Hwy 1, Ste 220

P.O. Box NOT acceptable

Jupiter, FL 33477

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

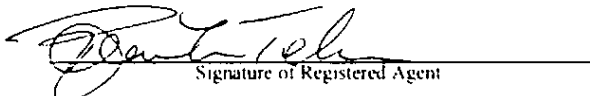
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Kristine Reed, 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

11/19/20
Date

If signing on behalf of an entity:

Renee Lynn Talabac
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
CR2E045 (04/13)