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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MASSage In MAJON, Inc. (Name of corporation)
DOCUMENT NUMBER: P02 00 00 416 77
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:
T. Marie Kennedy (Name of person)
MASSAGE in Motron, Fic (Name of firm/company)
4637 SW Inagua St (Address)
Port St. Lucie, FL 349\$3 (City/state and zip code)
For further information concerning this matter, please call:
[Name of person] at (772) 342-050 2 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

Pursuant to the provisions of sec	ions 607.0502, 617.0502, (	607.1508, or 617.1508, F	Iorida Statutes,
this statement of change is submitt	ed for a corporation organia	zed under the laws of the S	State of
Florida in order to	change its registered office	or registered agent, or be	oth, in the State
of Florida.		·	
1. The name of the corporation: \( \sum_{\text{\corporation}} \)	Massage in Moti	on the	
2. The principal office address:	0018 S. FEDG	was they	7 ST 83
	Port St. Lucie, 1	-C 34952	<b>与热岛</b>
3. The mailing address (if different	: 4637 SW F	ragua St.	F 55 6
	Port St. Likie,	FC 34953	Fig 5
4. Date of incorporation/qualificati	on: 4-17-02	Document number: Po-	20006976
5. The name and street address of t Florida Department of State:	ne current registered agent a	nd registered office on file	e with the
~	mmy M. Kenned		
41	mmy M. Kennedo		. •
H	ollywood, FL 3	33023	
6. The name and street address of	the new registered agent	(if changed) and /or regis	stered office (if
changed):	Marie Kennedo	<u> </u>	
4	637 SW Frag P.O. Box or personal mailbox NOT aco	ing St	
Per Per	ort Saint Lucie	FL 34953	
The street address of its registered agent, as changed will be identical	office and the street addres	s of the business office o	f its registered
Such change was authorized by reauthorized by reauthorized by the board, or the con	solution duly adopted by its poration has been notified i	board of directors or by in writing of the change.	an officer so
(Signature of an officer, chairman or vice chairman	of the board)	vic Kennedy C	wher
I hereby accept the appointment a I further agree to comply with the performance of my duties, and I a registered agent. Or, if this docur office address, I hereby confirm th	provisions of all statutes re n familiar with and accept nent is being filed merely to	Hative to the proper and the obligation of my posi- oreflect a change in the co	tion as egistered
(Signature of Registered Agen	·	1-4-03 (Date)	
If signing on behalf of an entity:		· •	
T. Marie Kennedy	Own	er	_
(Typed or Printed Name)		(Capacity)	· .,

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