

P03000093977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

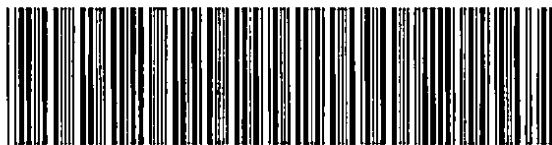
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600305080596

10/31/17--01024--017 **35.00

FILED
2017 OCT 31 PM 2:49

C. GOLDEN

NOV 01 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zen Bodyworks, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000093977

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:

Dr. Lenore Maio AP, DOM
Name of Contact Person

Zen Bodyworks, Inc.
Firm/Company

10927 SE Sea Pines Circle
Address

Hobe Sound, FL 33455
City/State and Zip Code

Zenbodyworks @ zenbodyworks.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Lenore Maio at (561) 248-8499
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

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: Zen Bodyworks, Inc.
2. The principal office address: 10927 SE Sea Pines Circle
Hohe Sound, FL 33455
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/27/2003 Document number: P03000093977

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)

Peterson, EA, Christy
11440 Okeechobee Blvd Ste 102
West Palm Bch, FL 33411

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

Dr. Lenore Maio AP, DOM
10927 SE Sea Pines Circle
Hohe Sound, FL 33455

FILED
2017 OCT 31 PM 2:49

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]
Signature of an officer or director

Lenore C. Maio, Pres. Owner
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]
Signature of Registered Agent

10/9/17
Date

If signing on behalf of an entity:

Lenore C. Maio
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