

PD3000106640

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vitality Therapeutic Massage, Inc.
(Name of corporation)

DOCUMENT NUMBER: P03000106640

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:

Elaina Jackson, LMT
(Name of contact person)

Vitality Therapeutic Massage, Inc.
(Firm/Company)

2826 Shadow View Circle
(Address)

Maitland, FL 32751
(City/state and zip code)

For further information concerning this matter, please call:

Elaina Jackson, LMT at (954) 234-3232
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Vitality Therapeutic Massage, Inc.
2. The principal office address: 2431 Aloma Avenue Suite 170
Winter Park, FL 32792
3. The mailing address (if different): 2826 Shadow View Circle
Maitland, FL 32751
4. Date of incorporation/qualification: 9-25-03 Document number: P03000106640

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

Jerry Schnitzer, GSS Advisory Services
2455 E. Sunrise Blvd. Suite 502
Fort Lauderdale, FL 33304

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Elaina Jackson / Vitality Therapeutic Massage, Inc.
2431 Aloma Avenue Suite 170
(P.O. Box NOT acceptable)
Winter Park, FL 32792

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.

Elaina Jackson LMT, P.V.P.S., T.D. ELAINA JACKSON, LMT-P, V.P.S., T, D
(Signature of an officer or director) (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.

Elaina Jackson, LMT
(Signature of Registered Agent)

July 12, 2004
(Date)

If signing on behalf of an entity:

Elaina Jackson, LMT
(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