

P05000090020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PAID 8-11-05

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Precision Laser Day Spa, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P05000090020

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:

Charity Hathaway  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

3905 Lake St. George Dr.  
(Address)

Palm Harbor FL 34684  
(City/state and zip code)

For further information concerning this matter, please call:

Charity Hathaway at ( 727 ) 422 7827  
(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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Precision Laser Day Spa, Inc.  
2. The principal office address: 3905 Lake St. George Dr.  
Palm Harbor, FL 34684  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/23/05 Document number: P 05000090020

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

Lori J Fresh  
1767 Sand Hollow Lane E.  
Palm Harbor FL 34683

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

Charity S. Hathaway  
3905 Lake St. George Dr.  
(P.O. Box NOT acceptable)  
Palm Harbor, FL 34684

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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.

Charity S. Hathaway  
(Signature of an officer or director)

Charity S. Hathaway 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.*

Charity S. Hathaway  
(Signature of Registered Agent)

8/5/05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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