

P05000166195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

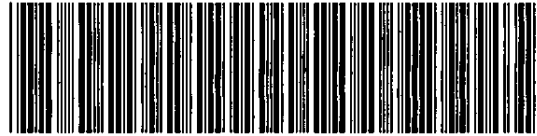
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 AUG -3 PM 12:41

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wagner Wellness Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000/66/95

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:

April Wagner  
(Name of Contact Person)

Wagner Wellness Inc  
(Firm/Company)

37 Foxcroft Run  
(Address)

Ormond Beach FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

April Wagner at ( 386 ) 672-3744  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2007

APRIL WAGNER  
WAGNER WELLNESS INC.  
37 FOXCROFT RUN  
ORMOND BEACH, FL 32174

SUBJECT: WAGNER WELLNESS INC.  
Ref. Number: P05000166195

We have received your document for WAGNER WELLNESS INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted. The form you sent was for an Alien Business Organization.

We are enclosing the proper form(s) with instructions for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 207A00042788

RECEIVED  
07 AUG -3 AM 8:00  
DIVISION OF CORPORATIONS

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: Wagner Wellness Inc.  
2. The principal office address: 37 Foxcroft Run Ormond Beach FL 32174  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Dec 22 '05 Document number: P05000166195

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

Business Filings Incorporated  
1203 Gouverner's Square Blvd.  
Tallahassee, FL 32301-2940

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

April Wagner  
37 Foxcroft Run  
(P.O. Box NOT acceptable)  
Ormond Beach FL 32174

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TALLAHASSEE, FLORIDA

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.

April Wagner  
(Signature of an officer or director)

April Wagner  
(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.

April Wagner  
(Signature of Registered Agent)

7/15/07  
(Date)

If signing on behalf of an entity:

April Wagner  
(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 (8/05)