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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	SHIATSY	HEALTH (Name of	SPA,	/NC.	
		(Name of	Corporati	ion)	
DOCUMENT NUI	mber: <u>P06</u>	0000 33	937		
The enclosed Stater	nent of Change of R	legistered Off	ice/Agent	and fee are subn	nitted for filing.
Please return all con	rrespondence concer	ning this matt	er to the	following:	

<u> </u>	CHOI,	CPA
(Name	e of Contact Pe	erson)
<u> </u>	CHOI	CPA
()	Firm/Company)
113 South	MacDil	1/ AVE #_B
	(Address)	
TAMPA	FL	33609
(City/	State and Zip C	Code)

For further information concerning this matter, please call:

Ki H. CHOL (Name of Contact Person) at (<u>\$13</u>) <u>876-644</u>2 (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 $\underline{F \circ r} d\alpha$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation	on: <u>Sf</u>	lia Tsu	HEALTH	1 <u>SPA,1</u>	VC.		
2. The principal office addres	ss: <u> </u>	-1 6	56TH S	TREET	NOR TH	#101	. <u>K. 1</u> * K
<u></u>	LAP	200	FL_	337	73		
3. The mailing address (if dif	Terent):		<u> </u>	<u>.</u>			<u></u>
·==				7. • • •		· · · · · · · · · · · · · · · · · · ·	<u> </u>
4. Date of incorporation/qual	ification:/	1arch 7	, 20 0Do	cument number	<u> </u>	00003	3937
5. The name and street addre Florida Department of Star		nt registere	ed agent and	registered offic	e on file with th	ıe	
	ELIZABE	TH I	CATALD	0	·		• :
	11151	66 TH	STREE	T NOR;	TH #101		. · <u>.</u>
		<i></i>		1200 2			
	LARGO	FL	. . .	32173			
6. The name and street addre (if changed):	ss of the new r	registered a	ngent (if chan	ged) and /or re	gistered office	DE OCT 2	
		registered a	ngent (if chan YUN - L	ged) and /or re		OCT 23	
6. The name and street addre (if changed):	ss of the new t HYO CH 1115]	registered a	ngent (if chan <u>YyN - L</u> STRE	ged) and /or re		06 OCT 23 AM II: SECKETARY OF ST	

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.

Yun /h n Signature of an officer of director)

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.

HYO CHIN YUN (Printed or typed name and title)

10-18,2006

(Date)

YUN-LEE

ωn Signature of Registered Ager

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 CR2E045 (8/05)