## P06000/44/03

| (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:  Courte about the by fluggle Cau TR 6-15-12 |

Office Use Only



800235348888

05/25/12--01007--003 \*\*35.00

ROCK



JUN 15 2012 T. ROBERTS



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 29, 2012

CAMILLE D. KRIEGER **BIO ORGANIC SPA** 9200 SOUTH DADELAND BLVD STE 510 MIAMI, FL 33156

SUBJECT: BIO ORGANIC SPA, INC.

Ref. Number: P06000144103

We have received your document for BIO ORGANIC SPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must sign accepting the designation.

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) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 912A00015370

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

<sub>subject:</sub> bio organic spa

Name of Corporation

DOCUMENT NUMBER: P06000144103

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:

Camille D. Krieger

Name of Contact Person

bio organic spa

Firm/Company

9200 South Dadeland Blvd. Suite 510

Address

Miami FL 33156

City/State and Zip Code

Camille@bioorganicspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camille D. Krieger

,305 \298-919

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: bio organic spa   |
| 2. The principal office address: 9200 S. Dadeland Blvd. Suite 510  Miami FL 33156   |
| 3. The mailing address (if different): same as above  |
| 4. Date of incorporation/qualification: 11/15/2006 Document number: P06000144103  |
| 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)  |
| Richard Wer   |
| 9200 South Dadeland Blvd Suite 320  |
| Miami FL 33156  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| CHANGE OF SUITE #   |
| 9200 South Dadeland Blvd. Suite 510   |
| P.O. Box NOT acceptable  Miami FL 33156   |
| 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.   |
| Camille D. Krieger  |
| Signature of art officer or 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. |
| Signature of Registered Agent May 21, 2012  Date  |
| If signing on behalf of an entity:  |
| <u> </u>  |
| Typed or Printed Name   |