P06000147062

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Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			





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SECRETARY OF STATE
TALLAHASSEF, FI COLD

RA. Charge

COVER LETTER

TO:	Amendment Section Division of Corporations				
	•				
SUBJE	SUBJECT: Health Tune Up & Chi Revive, INC				
	(Name of Co	rporation)			
DOCUMENT NUMBER: P 06000147062					
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:					
Kunnee Chew					
(Name of Contact Person)					
	11 W T 11 0 0	N. D			
Health Tune Up & Chi Revive, Inc (Firm/Company)					
	`	,			
	6500 Hidden C	ove Dr			
(Address)					
	Davie, FL 33314				
(City/State and Zip Code)					
ror iun	her information concerning this matter, please ca	ш:			
	Kunnee Chew	at (<u>954</u>) 608-3017 (Area Code & Daytime Telephone Number)			
	(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	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation o	17.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
1. The name of the	ne corporation: Health Tune Up &	Chi Revive, INC	
2. The principal of	office address: 4491 Stirling Rd, Ur	nit # 201, Dania Beach, FL 33314	
3. The mailing ac	ddress (if different): 6500 Hidden	Cove Dr, Davie, FL 33314	
4. Date of incorp	oration/qualification: 11/27/2006	Document number: P 06000147062	
5. The name and Florida Depart	ment of State:	ered agent and registered office on file with the	
	Kunnec (den Cove Dr	
		1. 333 14	07 SEC TALL
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	NOV - 1 PH CRETARY OF LAHASSEE.
	4491 Stirling Rd,		PH 12: 0
_	(P.O. Box NOT acco		IDA 10A
The street address as changed will be	ss of its registered office and the s	street address of the business office of its register	red agent,
		dopted by its board of directors or by an officer seen notified in writing of the change.	
Signatu	c oil ah oltager or the eter)	Kunnee Chew - Owner (Printed or typed name and title)	
I hereby accept l I further agree to of my duties, and document is bein corporation has	he appointment as registered age o comply with the provisions of all I am familiar with and accept th Spiled prerely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete pet ne obligation of my position as registered agent. e in the registered office address, I hereby confir nange.	rformance Or, if this n that the
- OGian	Aurel of Research Agent)	October 30, 2007	
If signing on beh		(Date)	
	nee Chew		
, ,	-		

* * * 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)

APPROVED