

P07000007005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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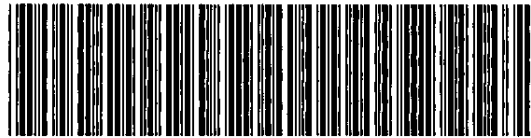
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Island City Massage and Wellness Spa, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000007005

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:

Robert Pettapiece
(Name of Contact Person)

Island City Massage and Wellness Spa, INC.
(Firm/Company)

1100 East Oakland Park Blvd Suite 206
(Address)

Oakland Park, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Pettapiece at (954) 805-6927
(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

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