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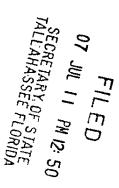
(Re	equestor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations			
SURJE	CT: Island City Massage and Wellness S	Spa, INC.	
SODOL	(Name of Corpo	ration)	
DOCU	MENT NUMBER: P07000007005		
The enc	losed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.	
Please n	eturn all correspondence concerning this matter to t	he following:	
	Robert Pettapiece		
	(Name of Contact	Person)	
	Island City Massage and Wellness (Firm/Compa	Spa, INC.	
	1100 East Oakland Park Blvd Suite (Address)		
	Oakland Park, FL 33334 (City/State and Z	in Code)	
For further information concerning this matter, please call:			
Robert	Pettapiece a (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	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Taliahassee, FL 3230i	

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Island City Massage and Wellness Spa, INC 1. The name of the corporation: Island City Massage and Wellness Spa, INC
The principal office address: 1100 East Oakland Park Blvd Suite 206 Oakland Park, FL 33334
3. The mailing address (if different): 1100 East Oakland Park Blvd Suite 206 Oakland Park, FL 33334
4. Date of incorporation/qualification: January 16, 2007 Document number: P07000007005
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Pettapiece
1120 NE 16th CT
Fort Lauderdale, FL 33334
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert Pettapiece 2
1100 East Oakland Park Blvd Suite 206
(P.O. Box NOT acceptable) Oakland Park, FL 33334
The street address of its registered office and the street address of the business office of its registered gent,
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.
(Signature of an officer or director) Robert Pettapiece President (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.
Signature of Registered Agent) July 9, 2007 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *