

P07000075417

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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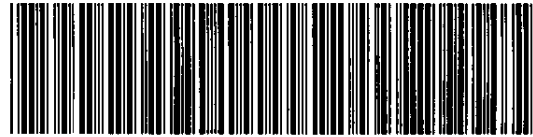
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ageless Placements West, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000075417

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:

Samantha West  
Name of Contact Person

Ageless Placements West, Inc.  
Firm/Company

3635 Haven Drive  
Address

New Port Richey, Florida 34652  
City/State and Zip Code

Agelessplacementswest@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha West at ( 727 ) 710-2124  
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: AGELESS PLACEMENTS WEST, INC.
2. The principal office address: 5510 RIVER ROAD SUITE 213  
NEW PORT RICHEY FL. 34652
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/27/2007 Document number: P07000075417
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)

SAMANTHA WEST

3635 Haven Drive

New Port Richey, FL 34652

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SAMANTHA WEST

5510 River Road Suite 213

P.O. Box NOT acceptable

New Port Richey, FL 34652

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TALLAHASSEE, FLORIDA  
10 SEP 27 PM 3:06

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.

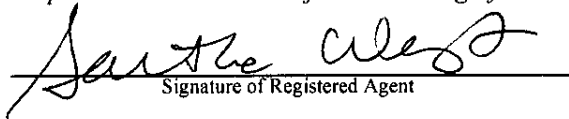


Signature of an officer or director

SAMANTHA WEST 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

9/21/2010

Date

If signing on behalf of an entity:

SAMANTHA WEST

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)