P07000098440

(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:
-

Office Use Only



900113585479

01/04/08--01015--016 **35.00

SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

RA 1 RS/Ch8

COVER LETTER

SUBJECT: A TOUCH OF HEMEN ON BARH Mobile
(Name of Corporation)

DOCUMENT NUMBER: PO 700008 4446

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:

VENISE GORDON
(Name of Contact Person)

2301 BAHAMA DR,
(Firm/Company)

(Address)

MIRAMAR FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

VENISE CONDON
(Name of Contact Person)

at (305) 342-4534
(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

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2008

VENISE GORDON 2501 BAHAMA DR. MIRAMAR, FL 33023

SUBJECT: A TOUCH OF HEAVEN ON EARTH MOBILE SPA, INC.

Ref. Number: P07000098446

We have received your document for A TOUCH OF HEAVEN ON EARTH MOBILE 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.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 408A00001601

SECRETARY OF STATE TALL AHASSEE, FLORIOA

2008 HA 42 NAL 8002

BECEINEL

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: H Touch OF Heaven on Each Mob;
2. The principal office address: 12 964 5W 30 Th Court
Milaman FC 33027
3. The mailing address (if different):
0/20/
4. Date of incorporation/qualification: 8/29/2007 Document number: 10700098444
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
VENISE Goedon Zu
2501 BAHAMA DR. & STATE
MilAman FL 33023
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Leslie Miller
12964 Sw 30th court
MiRAMAN FL 33027
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.
Version (Signature of an officer or director) VENU'SE Goedon (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) 1-20-2008
f signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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