P07000103158

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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA Chs 10/16/08

COVER LETTER

Amendment Section

Division of Corporations			
DIVA DAY SDA INC			
SUBJECT: DIVA DAY SPA INC (Name of Corporation)	on)		
DOCUMENT NUMBER: P07000103158			
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
LE, CUONG			
(Name of Contact Per	son)		
DIVA DAY SPA INC			
(Firm/Company)			
6701 TYRONE SQUARE SUITE 516			
(Address)			
SAINT PETERSBURG, FLORIDA 33710			
(City/State and Zip Co	ode)		
For further information concerning this matter, please call:			
LE, CUONG at (7	27 \ 687-4348		
(Name of Contact Person)	27) 687-4348 Trea 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		
	Tallahassee FL 32301		

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of FLORIDA ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: DIVA DAY SPA, INC.	
	al office address: 6701 TYRONE SQUARE SUITE 516 TERSBURG, FLORIDA 33710	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 09/17/2007 Document number: P07000103158	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	CAO, PHI D	聖
	6701 TYRONE SQUARE, SUITE 516	6.1
	SAINT PETERSBURG, FLORIDA 33710	
6. The name and (if changed):	CAO, PHI D 6701 TYRONE SQUARE, SUITE 516 SAINT PETERSBURG, FLORIDA 33710 and street address of the new registered agent (if changed) and /or registered office	G
	LE, CUONG	
	6701 TYRONE SQUARE, SUITE 516	
	(P.O. Box NOT acceptable) SAINT PETERSBURG, FLORIDA 33710	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signati	sture of an officed of diffector) LE, WINTE VP (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sering filed merely to reflect a change in the registered office address. I hereby confirm that the as been notified in writing of this change.	
(Si	Signature of Registered Agent) (Date)	
If signing on be	pehalf of an entity:	
LE,	Typed or Printed Name)	

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