P08000036472

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: C'EST BODY-MIND Name of Co	FITNESS, INC						
DOCUMENT NUMBER: P080	000036472						
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:						
,	•						
JOSE CA	MPILLO						
Name of Con	tact Person						
C'EST BODY-MIND FITNESS, INC							
Firm/Co	mpany						
15592 SW 6							
Addi	C33						
. MIAMI E	22102						
MIAMI, FL 33193 City/State and Zip Code							
josecampillo@bellsouth.net E-mail address: (to be used for future annual report notification)							
E-man address. (to be used for fu	nuic aimuai report notrication)						
For further information concerning this matter, please ca	all:						
JOSE CAMPILLO	at (786) 972-9689						
Name of Contact Person	at (786) 972-9689 Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department	ment of State						
Enclosed is a \$55.00 check made payable to the Bepart.	non of State.						
Mailing Address: Amendment Section	Street Address: Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle						
	Tallahassee, FL 32301						

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Fto I under the laws of the Sta I agent, or both, in the Sta	ue of FLORIDA	
	he corporation: C'EST office address: 15592				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	04/09/2008	Document number:	P08000036472	
5. The name and Florida Depar	I street address of the curtiment of State: (If resign	rrent registered agen led, enter resigned)	t and registered office on	file with the	
	JOSE T CAMPILL	O (RESIGNEI	D)		
	15592 SW 63RD T	ER			
	MIAMI, FL 33193				
6. The name and (if changed):	I street address of the new	w registered agent (i	f changed) and /or register	red officers Size	Ly Ly Kriss Kriss
	JOSE CAMPILLO				THE STATE OF
	15592 S 63RD TE				
	MIAMI, FL 33193	P.O. Box NOT acc	eptable		
The street addre	ess of its registered office be identical.	ce and the street add	lress of the business offic	ce of its registered agen	t,
Such change was authorized by the		ion duly adopted by tion has been notifi	tits board of directors or ed in writing of the chang		-
I hereby accept I further agree of my duties, an document is bet corporation has		istered agent and a isions of all statutes d accept the obliga t a change in the re g of this change.	gree to act in this capaci is relative to the proper a tion of my position as res egistered office address, Date		ce iis ie
Ť	vped or Printed Name				

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