

PD8000094930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

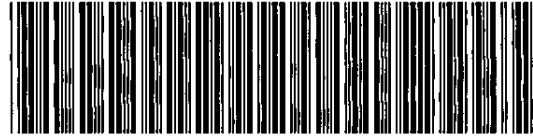
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600240193526

10/01/12--01054--012 **35.00

FILED
2012 OCT -1 AM 11:13
RECEIVED
ALLAHABAD
10-3-12
PA-Ad
Cheng
S2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCLANE MASSAGE MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: P 080000 94930

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:

WOODROW P. MCLANE
Name of Contact Person

MCLANE MASSAGE MANAGEMENT, INC
Firm/Company

1100 SW 75 AVE
Address

PLANTATION, FL 33317
City/State and Zip Code

WOODYMCLANE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Woody MCLANE at (954) 504-2135
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: MCLANE MASSAGE MANAGEMENT, INC.
2. The principal office address: 1100 SW 75 AVE.
PLANTATION, FL 33317
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/21/2008 Document number: ~~P080000~~ P080000 94930
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)

WOODROW P. MCLANE, JR.
3840 W. BROWARD BLVD., Apt 104
PLANTATION, FL 33312 US

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

WOODROW P. MCLANE, JR.
1100 SW 75 AVE
P.O. Box NOT acceptable
PLANTATION, FL 33317

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.

W.P. McLANE W.P. MCLANE PRES.
Signature of an officer or director 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.

W. P. McLANE 9/24/12
Signature of Registered Agent Date

If signing on behalf of an entity:

W. P. MCLANE
Typed or Printed Name

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