

P 9000005382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

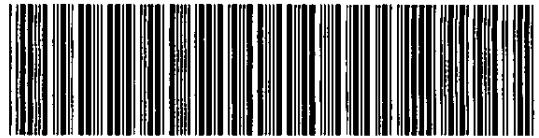
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VENUS HEALTH CENTER, CORP.
Name of Corporation

DOCUMENT NUMBER: P09000005382

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:

ELIO A. SALA
Name of Contact Person

VENUS HEALTH CENTER, CORP.
Firm/Company

2450 SW 137 AVE, SUITE 226
Address

MIAMI, FL, 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

ELIO A. SALA at (305) 229-8512
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: VENUS HEALTH CENTER, CORP.
2. The principal office address: 2450 SW 137 AVE, SUITE 226
MIAMI, FL, 33175
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1/16/2009 Document number: P09000005382
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)

IDANIA C. ESCANIO.

20482 SW 132 CT

MIAMI, FL 33177

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

ELIO A. SALA

12691 SW 191 ST

P.O. Box NOT acceptable

MIAMI, FL 33177

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

ELIO A. SALA, 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

8/24/2009

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)