

PO9000043529

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: I am Therapy Center Inc.  
Name of Corporation

DOCUMENT NUMBER: G09055900091 / CP261

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:

NANCY AMAR  
Name of Contact Person

i am therapy center inc  
Firm/Company

253 NE 2<sup>nd</sup> St. #2007  
Address

Miami, FL 33132  
City/State and Zip Code

N-AMAR@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY AMAR at (786) 384-0221  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: I am Therapy Center Inc.
2. The principal office address: 253 NE 2<sup>nd</sup> St. # 2007 Miami, FL 33132
3. The mailing address (if different): Same

4. Date of incorporation/qualification: Feb 22, 2009 Document number: DB9000043529  
Scorp: May 19, 2009 Notice #: CP261
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)

NANCY AMAR I am Therapy Center Inc  
244 Biscayne Blvd. # 2007 12C2  
Miami, FL 33132

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

NANCY AMAR / I am Therapy Center Inc  
253 NE 2<sup>nd</sup> St. # 2007  
Miami FL 33132

P.O. Box NOT acceptable

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.

Nancy Amar  
Signature of an officer or director

NANCY AMAR  
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.

Nancy Amar  
Signature of Registered Agent

11-26-11  
Date

If signing on behalf of an entity:

NANCY AMAR  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)