

P100000063216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

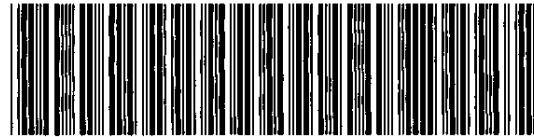
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T2 8/26/10
Address Change

AUG-24-2012 FRI 03:42 AM

P. 001

**CHANGE OF ADDRESS FORM
FOR
PAINLESS THERAPY CENTER, INC.
P10000063216**

P10000063216
8/21/10


**TO: DEPT OF STATE
FAX: 850-245-8897**

RE: CHANGE OF ADDRESS

**THIS LETTER IS TO INFORM YOU THAT WE HAVE CHANGED OUR PRINCIPAL/MAILING
AND OFFICER/DIRECTOR ADDRESS TO:**

**7340 SW 48 STREET
STE: 107
MIAMI, FL 33155**

THANK YOU,


**ILIANA CASTELLANOS
(DIRECTOR)**