

P10 0000 68844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

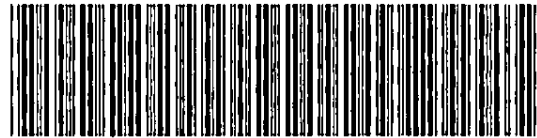
(Business Entity Name)

(Document Number)

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JAN 24 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aquabelly

Name of Corporation

**DOCUMENT NUMBER:** P10000068844

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:

Samantha Bense

Name of Contact Person

Aquabelly

Firm/Company

3589 S Ocean Blvd #122

Address

Palm Beach, FL 33480

City/State and Zip Code

admin@aquabellyfitness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Bense

Name of Contact Person

at ( 561 ) 866-8371

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: Aquabelly
2. The principal office address: 3589 S Ocean Blvd #122 Palm Beach FL 33480
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/17/2019 Document number: P10000068844

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)

Resigned - Kristy Squire Wexler

8814 Morgan Landing Way

Boynton Beach FL 33473

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

Samantha Bense

3589 S Ocean Blvd 122

P.O. Box NOT acceptable

Palm Beach, FL 33480

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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

Samantha Bense  
\_\_\_\_\_  
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

12/12/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Samantha Bense  
\_\_\_\_\_  
Typed or Printed Name

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