

P110000057993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

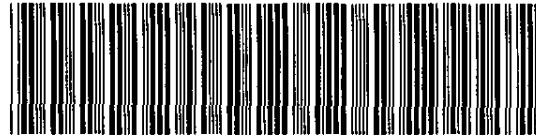
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Charge

06/04/12--01036--016 **35.00

FILED

2012 OCT -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00614, 00671

DOOR
6/9/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2012

A K Mehta
International Yoga and Wellness Center
4694 West Irlo Bronson Memorial HWY
Kissimmee, FL 34746

SUBJECT: INTERNATIONAL YOGA AND WELLNESS CENTER, INC.
Ref. Number: P11000057993

We have received your document for INTERNATIONAL YOGA AND WELLNESS CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 112A00016256

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL YOGA AND WELNESS CENTER
Name of Corporation

DOCUMENT NUMBER: P11000057993

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:

RICHA CHOUDHARYMEHTA

Name of Contact Person

Firm/Company

4694 W IRLO BRONSON MEM HWY

Address

KISSIMMEE FL 34746

City/State and Zip Code

MAINGATEWORLDWIDE@GMAIL.COM

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

For further information concerning this matter, please call:

RICHA CHOUDHARYMEHTA at **407 396-1780**

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 OCT - 8 AM 9:00

**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: INTERNATIONAL YOGA AND WELLNESS CENTER
2. The principal office address: 4694 W IRLO BRONSON MEM HWY KISSIMMEE FL 34746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-21-2011 Document number: P11000057993

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)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

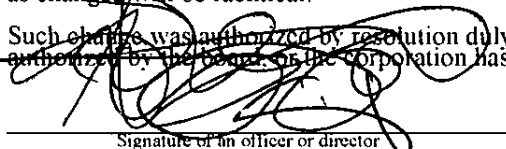
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TALLAHASSEE, FLORIDA

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

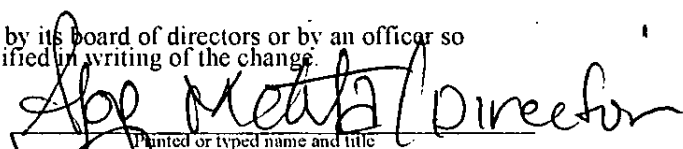
RICHA CHOUDHARY MEHTA
4694 W IRLO BRONSON MEM HWY
P.O. Box NOT acceptable
KISSIMMEE FL 34746

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.

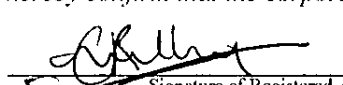


Signature of an officer or director



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

9/15/12

Date

If signing on behalf of an entity:

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 (03/12)