

P120000065261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

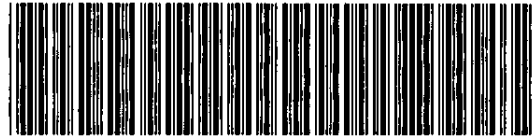
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R/A Chg

MAY 28 2013

WHITE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 24 PM 12:52

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**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: ICHIBAN DAY SPA, INC.  
2. The principal office address: 527 Beville Road, Daytona Beach, FL 32119

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 26, 2012 Document number: P12000065261

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)

Old Registered Principal Office

5624 International Drive

Orlando, FL 32819

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

New Principal Office

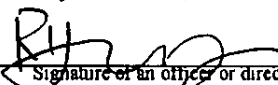
527 Beville Road

P.O. Box NOT acceptable

Daytona Beach, FL 32119

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 authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Hye Rodriguez, 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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

owner  
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)

FILED  
13 MAY 24 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **ICHIBAN DAY SPA, INC.**

Name of Corporation

DOCUMENT NUMBER: **P12000065261**

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:

**HYE RODRIGUEZ**

Name of Contact Person

**ICHIBAN DAY SPA, INC.**

Firm/Company

**527 Beville Road**

Address

**Daytona Beach, FL 32119**

City/State and Zip Code

**kimmyspa2000@gmail.com**

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

For further information concerning this matter, please call:

**Min H. So**

Name of Contact Person

at **407 370-7140**

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