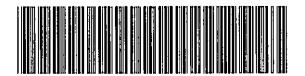
## P130000 24312

(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



700345644617

06/08/20--01018--029 \*\*35.00

2670 Juni - 8 PH 1: 35

C GOLDEN

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

•	
YOUNG FOREVER ESTHE	ETIC CENTER INC
Name of Corporation	
DOCUMENT NUMBER: P 13000024312	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
MARIA C GOMEZ	
Name of Contact Person	
Firm/Company	
8401 SW 43 ST	
Address	
MIAMI, FLORIDA 33155	
City/State and Zip Code	
maricruz1118@hotmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
MARIA C GOMEZ	at (786 ) 399-9998
Name of Contact Person	at (786 ) 399-9998  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of s statement of change is submitte in order to change its	ed for a corporation e	organized	under the laws of the	State of Florida	this	
	VOLUMO FOREVE		ETIC CENTER INC			
<ol> <li>The name of the corporation</li> <li>The principal office address</li> </ol>	l÷					
2. The principal office address.	MIAMI, FLORIDA	A33155				
3. The mailing address (if diffe	rent):					
4. Date of incorporation/qualif	ication:03/14/2013	3	_Document number:	P 13000024312		
5. The name and street address Florida Department of State	•	~	and registered office	on file with the		
KAREN SO	TO (Resigned)					
8401 SW 43	3 ST				~2	
MIAMI, FL 3	3155				17.3 . E	
6. The name and street address (if changed):	of the new registered	d agent (il	changed) and /or regi	stered office	70/a 8 - F	
MARIA C GC	MEZ				P	,
8401 SW 43	ST				<del>:</del> 35	
MIAMI, FL 33		P,O Box NO	l'acceptable			
The street address of its regist as changed will be identical.	ered office and the s	street add:	ress of the business of	ffice of its registe	red ag	ent,
Such change was authorized by authorized by the board, or th	ov resolution duly ad e corporation has be	dopted by en notifie	its board of directors d in writing of the ch	or by an officer sange.	30	
Maria Ges	(ir)	М	ARIA C GOMEZ - PR	RESIDENT		
Sighature of an officer or d	irector		Printed or typed			_
I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merel corporation has been notified	the provisions of all with and accept th wto reflect a change	ll statutes we obligati e in the re	ree to act in this capa relative to the proper on of my position as i gistered office addres	ictiv.  and complete peregistered agent.  s. I hereby confir	erforma Or, if m that	ance this the
Maic (m)	5~	06	8/05/2020			
Signature of Registered If signing on behalf of an enti	•		Date	e		
Johns on behan of an enti	V.					
Typed or Printed Nar	ne					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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