

P130000332 73

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2014

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: POMPAU SPA, INC  
Name of Corporation

DOCUMENT NUMBER: P13000033273

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:

WOODY McLANE  
Name of Contact Person

FLORIDA MASSAGE BROKER  
Firm/Company

4915 NW 53 ST.  
Address

TAMARAC, FL 33319  
City/State and Zip Code

MED228@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WOODY McLANE at (954) 806-6211  
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

**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: POMPANO SPA, INC.
2. The principal office address: 76 E. McNAB ROAD  
POMPANO BEACH, FL 33060
3. The mailing address (if different): 4870 NE 1st TERRACE  
OAKLAND PARK, FL 33334
4. Date of incorporation/qualification: 4-12-2013 Document number: P 13000033273
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

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

MARK DOLDAN  
4870 NE 1st TERRACE  
P.O. Box NOT acceptable  
OAKLAND PARK, FL 33334

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.

Xiaojing Cao  
Signature of an officer or director

XIAOJING CAO  
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]  
Signature of Registered Agent

April 30, 2014  
Date

If signing on behalf of an entity:

MARK DOLDAN  
Typed or Printed Name

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