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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Evergreen Oriental Massage & Spa, Inc  
Name of Corporation

DOCUMENT NUMBER: AC# 7892141

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:

Amanda Yao

Name of Contact Person

Evergreen Oriental Massage & Spa

Firm/Company

8865 Commodity Circle Suite 10

Address

Orlando, Florida 32819

City/State and Zip Code

amandayao0113@gmail.com

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

For further information concerning this matter, please call:

Amanda Yao at 407 962-6656

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: Evergreen Oriental Massage & Spa, Inc  
2. The principal office address: 8865 Commodity Circle Orlando, Florida 32819  
3. The mailing address (if different): same

4. Date of incorporation/qualification: 11/12/2013 Document number: AC# 789141

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)

Xiaoxia Yao  
8865 Commodity Circle Suite 10 Orlando, Fla 32819

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

Amanda Yao  
8865 Commodity Circle Suite 10 Orlando, Fla 32819

P.O. Box NOT acceptable

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.

Amanda Yao  
Signature of an officer or director

Amanda Yao  
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.*

Amanda Yao  
Signature of Registered Agent

04/13/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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