

P140000062387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

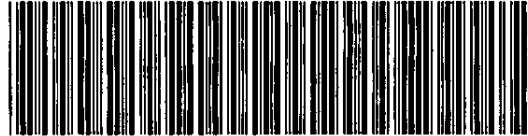
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2015 SEP 28 PM 3:07

*R.A./R.O./CHS*

SEP 28 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Santi Spa Enterprises Inc  
Name of Corporation

**DOCUMENT NUMBER:** P140062387

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:

Sharon Saint Amand

Name of Contact Person

Santi Spa Enterprises Inc

Firm/Company

13809 County Rd 455 Ste 106

Address

Clermont, FL 34711

City/State and Zip Code

sharon@santi-dayspa.com

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

For further information concerning this matter, please call:

Sharon Saint Amand

Name of Contact Person

at ( 407 ) 614-3913

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

15 SEP 28 PM 1:13

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2015

SHARON SAINT AMAND  
SANTI SPA ENTERPRISES INC  
13809 COUNTY RD 455 - STE. 106  
CLERMONT, FL 34711

SUBJECT: SANTI SPA ENTERPRISES INC  
Ref. Number: P14000062387

We have received your document for SANTI SPA ENTERPRISES 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 615A00019642

**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: Santi Spa Enterprises Inc
2. The principal office address: 13809 County Road 455 Ste 106  
Clermont, FL 34711
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/24/2013 Document number: P14000062387
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)

Maurice Robinson  
1901 W Colonial Dr Ste 11  
Orlando, FL 32804

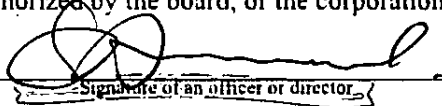
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gizella Guba EA  
235 Citrus Tower Blvd Ste 108  
P.O. Box NOT acceptable  
Clermont, FL 34711

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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

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

09/09/2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Gizella Guba EA  
\_\_\_\_\_  
Typed or Printed Name

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