P14000098108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCULPTURED, INC.
Name of Corporation

DOCUMENT NUMBER: P14000098108

19 DEC 11 AM 9:36

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:

JOEY GENNUSA
Name of Contact Person

Firm/Company

288 LEESE DR.
Address

ST JOHNS, FL 32259
City/State and Zip Code

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

For further information concerning this matter, please call:

JOEY GENNUSA — Name of Contact Person

904 891-6336 — 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

CR2E045 (04/1)

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 617.1506, 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: SCULPTBODY, INC.

2. The principal office address: 288 LEESE DR
ST JOHNS, FL 32259

3. The mailing address if different: _____

4. Date of incorporation/qualification: 12-5-2014 Document number: P14000098108

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)

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD, SUITE 36
ORLANDO, FL 32822

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2019 DEC 11 AM 9:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

JOSEPH GENNUSA
288 LEESE DR.
P.O. Box not acceptable
ST JOHNS, FL 32259

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

JOSEPH GENNUSA - 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

12-1-19
Date

If signing on behalf of an entity:

Printed or typed name

* * * FILING FEE: $35.00 * * *

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

(25015 (04/13)