

PI5000016087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

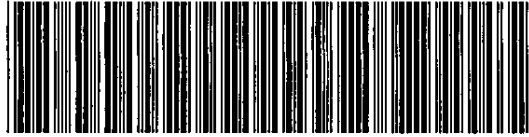
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271729873

04/14/15--01012--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 PM 4:16

RD/ch8
@ 4.15.15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHYSICAL EVOLUTION CARE CORP (EIN 47-3966757)
Name of Corporation

DOCUMENT NUMBER: _____

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:

ARIEL REMMIS

Name of Contact Person

PHYSICAL EVOLUTION CARE

Firm/Company

1811 RENAISSANCE COMMONS BLVD UNIT 2504

Address

TOYAHON BEACH FL 33426

City/State and Zip Code

PHYSICALECARE@GMAIL.COM

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

For further information concerning this matter, please call:

ARIEL REMMIS

Name of Contact Person

at (305) 772-9614

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHYSICAL EVOLUTION CARE CORP
2. The principal office address: 1811 RENAISSANCE COMMONS BLVD UNIT 2504
BOYNTON BEACH FL 33246
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/18/2015 ^{EFF. 2/10/15} Document number: P15000016087

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)

680 LAVERS CIR APT 213
DELRAY BEACH FL 33444

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

1811 RENAISSANCE COMMONS BLVD
UNIT 2504

P O Box NOT acceptable

BOYNTON BEACH FL 33246

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

ARIEL REMINI, OWNER
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
2015 APR 14 PM 4:16