

P16000008216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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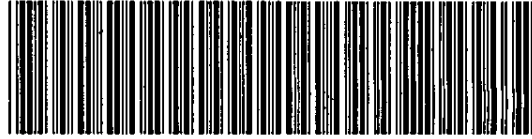
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **LITTLE WAVES THERAPY INC.**  
Name of Corporation

**DOCUMENT NUMBER:** **P16000008216**

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:~~

**Rosa Maria Torres**

Name of Contact Person

**Little Waves Therapy Inc.**

Firm/Company

**2700 SW 27th Ave # 607**

Address

**Miami FL 33133**

City/State and Zip Code

**mersey18@yahoo.com**

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

For further information concerning this matter, please call:

**Rosa Maria Torres**

Name of Contact Person

at **830 313-8498**

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: Little Waves Therapy Inc.
2. The principal office address: 2700 SW 27th Ave # 607  
Miami FL 33133
3. The mailing address (if different): 2700 SW 27th Ave # 607  
Miami FL 33133
4. Date of incorporation/qualification: Jan 25 2016 Document number: P16000008216
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)  
Rosa Maria Torres  
3135 Gifford Lane #B  
Miami FL 33133
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Rosa Maria Torres  
2700 SW 27th Ave #607  
Miami FL 33133

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.

  
\_\_\_\_\_  
Signature of an officer or director

President - Rosa Maria Torres

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

May 12th 2016

Date

If signing on behalf of an entity:

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

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