

P160000 42949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

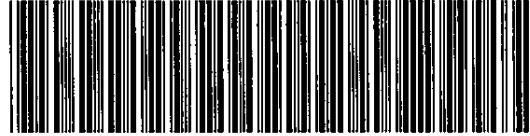
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 25 2016  
T. LEMLEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** My Body Contour Inc  
Name of Corporation

**DOCUMENT NUMBER:** 16000042949

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:

Yaresmi Landin

Name of Contact Person

My Body Contour Inc

Firm/Company

8743 SW 9 Terrace # 4

Address

Miami, FL 33174

City/State and Zip Code

ibodycontour305@gmail.com

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

For further information concerning this matter, please call:

Yaresmi Landin

Name of Contact Person

at ( 786 ) 266-8687

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: My Body Contour Inc  
2. The principal office address: 8743 SW 9 Terrace suite #4 Miami, FL 33174

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/07/2016 Document number: 16000042949

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)

Yaresmi Landin

8743 SW 9 Terrace #4 Miami, FL 33174

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

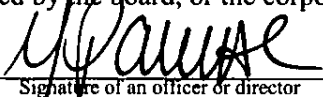
Yaresmi Landin

8743 SW 9 Terrace #4 Miami, FL 33174

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

Yaresmi Landin CEO

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

7/13/16  
Date

If signing on behalf of an entity:

Yaresmi Landin  
Typed or Printed Name

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JUL 18 P 1:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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