

P17000054551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL.

12/7/20

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Address Change
Name of Corporation _____

DOCUMENT NUMBER: P17000054551

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:

Ling, Lihong

Name of Contact Person
Clover Massage & Spa, Inc.

Firm/Company
4816 NW 2nd Ave.

Address
Boca Raton, FL 33431-4173

City/State and Zip Code

lihongling522@gmail.com

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

For further information concerning this matter, please call:

Linda Ling _____ at (617) 515-8878
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Clover Massage & Spa Inc.
2. The principal office address: 4816 NW 2nd Ave., Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/22/2017 Document number: P17000054551
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)

Ling, Lihong

141 NW 200 St., Suite A7

Boca Raton, FL 33431

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

Ling, Lihong

4816 NW 2nd Ave.

P.O. Box NOT acceptable

Boca Raton, FL 33431

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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.

Lihong Ling
Signature of an officer or director

Lihong Ling

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.

Lihong Ling
Signature of Registered Agent

10/25/2020
Date

If signing on behalf of an entity:

Lihong Ling

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 (04/13)