

P180000 42942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2018 JUN -4 AM 11:54

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DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

20 JUN -4 AM 11:54

SUBJECT: SERENITY MASSAGE INC.
Name of Corporation

DOCUMENT NUMBER: P18000042942

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:

Mitchell A. SILVER
Name of Contact Person

Mitchell A. SILVER + Co.
Firm/Company

2648 WILSON STREET
Address

HOLLYWOOD, FL 33020
City/State and Zip Code

fredda f / @ AOL. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell A. Silver at 954, 914-8084
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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SERENITY MASSAGE INC
2. The principal office address: 3801 N. UNIVERSITY DRIVE, #206
SUNRISE, FL 33351
3. The mailing address (if different): 2648 WILSON STREET, HOLLYWOOD, FL 33020
4. Date of incorporation/qualification: 5/8/2018 Document number: P18000042942
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)
ROSLYN SHIRDELL
10501 NW 20 COURT
SUNRISE, FL 33322

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

ROSLYN SHIRDELL
.3801 N. UNIVERSITY DRIVE, #206
SUNRISE, FL 33351

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.

Roslyn ShirdeLL
Signature of an officer or director

ROSLYN SHIRDELL, 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.

Roslyn ShirdeLL
Signature of Registered Agent

5/31/2018
Date

If signing on behalf of an entity:

ROSLYN SHIRDELL
Typed or Printed Name

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