

P18 0000 64335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

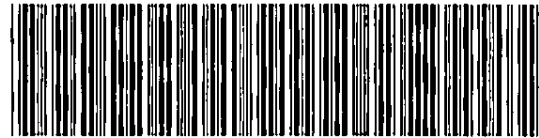
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 14 2019
T. LEMMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sanctuary Bath, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000064335

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:

Mark Proctor
Name of Contact Person

Sanctuary Bath, Inc.
Firm/Company

20801 Biscayne Blvd Suite 403
Address

Miami, FL 33180
City/State and Zip Code

drproctor@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Proctor at (817) 291-0677
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sanctuary Bath, Inc.
2. The principal office address: 20801 Biscayne Blvd Suite 403
Miami, FL 33180
3. The mailing address (if different): 3004 Portofino Isle #B4
COCONUT CREEK, FL 33066-1207
4. Date of incorporation/qualification: 07/25/2018 Document number: P18000064335

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)

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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

Mark Proctor

3004 PORTOFINO ISLE APT B4

P.O. Box NOT acceptable

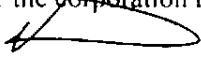
COCONUT CREEK, FL 33066

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TALLAHASSEE, FLORIDA

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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.

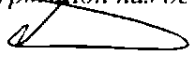


Signature of an officer or director

Mark Proctor 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.



Signature of Registered Agent

08/07/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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