

P18000100005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

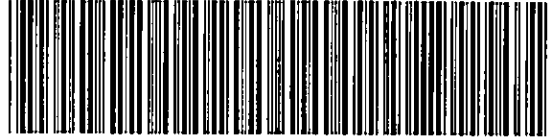
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 12 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2019

YINSHAN WU  
720 E ATLANTIC BLVD  
POMPANO BCH, FL 33060

SUBJECT: M SPA INC  
Ref. Number: P18000100005

We have received your document for M SPA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00001754

2019 FEB 1 4:11:15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M SPA inc

Name of Corporation

**DOCUMENT NUMBER:** P18000100005

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:

YINSHAN WU

Name of Contact Person

M SPA inc

Firm/Company

720 E. ATLANTIC BLVD.

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

FLDAN1@YAHOO.COM

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

For further information concerning this matter, please call:

DANNY HOOVER

Name of Contact Person

at ( 773 ) 679-8879

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: M SPA inc
2. The principal office address: 720 E ATLANTIC BLVD.  
POMPANO BEACH, FL 33060
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-10-18 Document number: P18000100005

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)

2831 E OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33306

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


720 E ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

P.O. Box NOT acceptable

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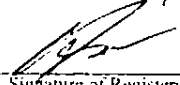
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

YINSHAN WU PRES.  
\_\_\_\_\_  
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

01-04-19

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)