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## **COVER LETTER**

SUBJECT: NUNEZ MASSAGE INC Name of Corporation			
DOCUMENT NUMBER: P 19000021968			
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:			
Name of Contact Person			
Nunez Massabe, Inc			
1233 NW 138th PC			
Address			
Mani Fl 33184  City/State and Zip Code			
Jose And 71@ gmail. Com E-mail address: (to be used for fature annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (305) 351 – 6070  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Mailing Address: Street Address: Amendment Section Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

TO:

Amendment Section Division of Corporations

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NOVEZ MASSAGE, INC.
2. The principal office address: 1233 Sw 138 th PL  Marie PL 33184
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/08/2019Document number: P19000021968
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)
Jose A. Nonez (Adding 2nd Last).
1233 SW 138 th PC
Maui, H 33184
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Jose Alberto Nunez Daning Street address of the new registered agent (if changed) and /or registered office (if changed):
1233 Sw 138 th PL P.O. Box NOT acceptable Many (33/84)
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  Thereby accept the appointment as registered agent and agree to act in this capacity.  Signature of an officer or director and agree to act in this capacity.
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  U 25 12015
If signing on behalf of an entity:

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name