

P19000 067 835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

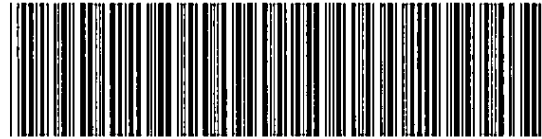
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
CORPORATIONS  
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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Address change to 19069 S. Dixie Hwy. Pinecrest  
FL, 33156 Name of Corporation

DOCUMENT NUMBER: P19000067835

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.

Shengwei Zhao  
Name of Contact Person

Green Foot Reflexology Massage SPA INC  
Firm/Company

9069 S. Dixie Hwy,  
Address

Pinecrest, FL, 33156  
City/State and Zip Code

shengwei1960@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shengwei Zhao at 407, 913-4028  
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: Green Foot Reflexology Massage SPA INC
2. The principal office address: 9069 S. Dixie Hwy, Pinecrest, FL, 33156.
3. The mailing address (if different): 2600 Diana Dr, Apt 302, Hallandale, FL, 33009.
4. Date of incorporation/qualification: 08/23/2019 Document number: P19000067835
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)  
9771 S. Dixie Highway,  
Pinecrest, FL, 33156.

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

9069 S. Dixie Hwy, Pinecrest,  
FL, 33156.

P.O. Box: NOF 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.

[Signature]  
Signature of an officer or director

SHENG WEI ZHAO  
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]  
Signature of Registered Agent

Oct/21/2019  
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)