

PA16000073859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

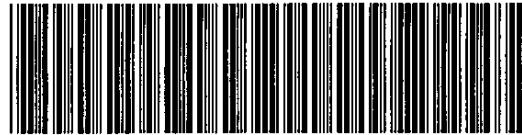
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA-CY
8-24-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE NEW YOU OF ORLANDO INC
(Name of Corporation)

DOCUMENT NUMBER: P96000073859

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:

BARBARA CHERYLL HILLIER
(Name of Contact Person)

BOWEN THERAPY
(Firm/Company)

1954 HOWELL BRANCH ROAD, #112
(Address)

WINTER PARK, FLORIDA 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA CHERYLL HILLIER at (321) 277 8847
(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: THE NEW YOU OF ORLANDO INC
2. The principal office address: 1954 HOWELL BRANCH ROAD, #112
WINTER PARK, FLORIDA 32792
3. The mailing address (if different):
1860 SMOKETREE CIRCLE, APOPKA, FLORIDA 32712
4. Date of incorporation/qualification: 09/05/1996 Document number: P96000073859
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID G. HILLIER

412 SUMMIT RIDGE PLACE #300

LONGWOOD, FLORIDA 32779

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

BARBARA CHERYLL HILLIER

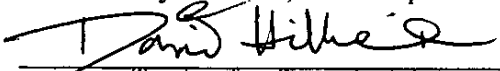
1860 SMOKETREE CIRCLE

(P.O. Box NOT acceptable)

APOPKA, FLORIDA 32779

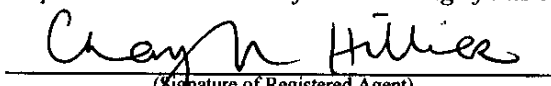
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

DAVID G. HILLIER, 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)

8/1/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED
07 AUG 24 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA