

P97000093371

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(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12h/03

# STRESS INSTITUTE, INC.

35 SW 36<sup>th</sup> Court Miami, Fl. 33135  
Ph. (305) 461-2446 Fax (305) 461-0102

Department of State  
Corporation Department  
State of Florida.

Dear Sir(s):

This is to inform you that today twenty nine of April of the current year our secretary due to a lack of information, wrongfully changed our Registered Agent Jorge Cancio for Mr. Erick Mendez..

We have designated for this position Mr. Emerso J. Figueroa located at 1112 NW 27 Ave. Miami, Fl. 33127 and, we the rest of the Board of our organization are taking the necessary action in order to correct this mistake..

The necessary changes were made in our organization and, for this reason we are submitting the foregoing statement in order for you to proceed in making the changes in our file located in your department..

Thank you in advance for your consideration in this very important matter to us, if you need any additional information do not hesitate in contacting us at the telephone printed at the top of this letter.

Sincerely,

*Jorge Cancio* ON OCT/31/03

Jorge Cancio  
The President.

*Emerso J. Figueroa*  
EMERSON. FIGUEROA



BEFORE ME, a Notary Public duly authorized by the State of Florida, personally appeared Mr. Jorge Cancio To me well known to be the person describe in the foregoing statement and he acknowledged before me that he executed the foregoing instrument and, as a testimony the respective person is signing said statement and, I as a Witness stamp my official Seal and sign this document this 29th days of April of two thousand three.



Fermin Castaneda  
Commission # CC 868440  
Expires Sep. 1, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

My Commission Expires:

*Fermin Castaneda*  
NOTARY PUBLIC  
State of Florida At Large

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: STRESS INSTITUTE, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P97000093371

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE CANCIO

(Name of Person)

STRESS INSTITUTE, INC.

(Name of Firm/Company)

35 SW 36th CT.

(Address)

MIAMI FL. 33135.

(City/State and Zip Code)

For further information concerning this matter, please call:

✓ 

(Name of Person)

at (305) 610-8415

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 25, 2003

JORGE CANCIO  
STRESS INSTITUTE, INC.  
35 SW 36TH COURT  
MIAMI, FL 33135

SUBJECT: STRESS INSTITUTE, INC.  
Ref. Number: P97000093371

We have received your document for STRESS INSTITUTE, 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):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

THE MONEY SENT IN WILL BE HELD PENDING RECEIPT OF THE CORRECT FORM.

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) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 603A00063799

**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: **STRESS INSTITUTE, INC.**
2. The principal office address: **35 SW 36th CT. MIAMI FL. 33135.**
3. The mailing address (if different): **SAME AS ABOVE.**
4. Date of incorporation/qualification: **10/30/97** Document number: **P97000093371**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**ERICK MENDEZ**

**35 SW 36th CT.**

**MIAMI FL. 33135**

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TALLAHASSEE, FLORIDA

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

**EMERSON J. FIGUEROA**

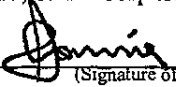
**35 SW 36th CT.**

(P.O. Box or personal mailbox NOT acceptable)

**MIAMI FL. 33135**

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)

**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)

**04/29/03.**  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314