

P97000108433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

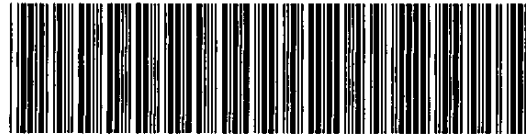
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800076421038

06/22/06--01027--004 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 22 PM 2:00

RA Change
06/29/06
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BODYWORKS CENTER FOR PERFECT HEALTH, INC.
(Name of Corporation)

DOCUMENT NUMBER: P97000108433

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERY SLEDGE
(Name of Contact Person)

BODYWORKS CENTER FOR PERFECT HEALTH, INC.
(Firm/Company)

14266 N. GALATEA DR. #A
(Address)

FOUNTAIN HILLS AZ 85268
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERY SLEDGE at (480) 816-5500
(Name of Contact Person) (Area Code & Daytime Telephone Number)
816-3900

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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: BODYWORKS CENTER FOR PERFECT HEALTH, INC.
2. The principal office address: 535 NORMANDY
MADERIA BEACH, FL 33708
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-26-97 Document number: P 97000108433

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

SHERRY L SLEDGE
3770 BARRANCAS AVE (OLD)
PENSACOLA FL 32507

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

SHERRY L. SLEDGE
535 NORMANDY (NEW)
(P.O. Box NOT acceptable)
MADERIA BEACH FL 33708

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 22 PM 2:00

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.

Sherry L. Sledge
(Signature of an officer or director)

SHERRY L. SLEDGE
(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.

Sherry L. Sledge
(Signature of Registered Agent)

6-20-06
(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