

P99000030874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

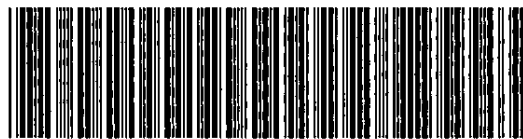
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/12--01014--012 *\$35.00

13 JAN -2 AM 11:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10 1/8/13

Computer
crash
Working on it
Sorry!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westchester Wellness + Therapy Center, Inc
Name of Corporation

DOCUMENT NUMBER: P 99000030874

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:

ELSA M SUAREZ
Name of Contact Person

Westchester Wellness and Therapy Center
Firm/Company

2700 SW 87 Ave Suite A
Address

Miami FL 33165
City/State and Zip Code

Westchester.wellness@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elsa at (305) 559-8970
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

12/26/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ELISA
December 11, 2012

ELISA SUAREZ
WESTCHESTER WELLNESS AND THERAPY CENTER
8300 SW 8 ST., STE. 305
MIAMI, FL 33144

SUBJECT: WESTCHESTER WELLNESS AND THERAPY CENTER, INC.
Ref. Number: P99000030874

We have received your document for WESTCHESTER WELLNESS AND THERAPY CENTER, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list the designated registered agent in part 6(six) of the 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 912A00029214

RECEIVED

13 JAN -2 AM 8:14

SEAL OF THE STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Westchester Wellness + Therapy Center Inc
2. The principal office address: 2700 SW 87 Ave Suite A
Miami, FL 33165
3. The mailing address (if different): -

4. Date of incorporation/qualification 04/05/1999 Document number: P99000030874
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)

ELSA M. SUAREZ
2700 SW 87 Ave Ste A
Miami FL 33165

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

New address only
8300 SW 8 St Ste 305
Miami FL 33144
P.O. Box NOT 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.

Elsam Suarez ELSA M. SUAREZ
Signature of an officer or director 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.

Elsam Suarez 12/26/12
Signature of Registered Agent Date

If signing on behalf of an entity:

X
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)

13 JAN -2 AM 11:1
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/26/12