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Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCM International Spa Strategist Planners Inc
Name of Corporation

DOCUMENT NUMBER: S70641

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:

Anthony J Reitano CPA

Name of Contact Person

Anthony J Reitano CPA LLC

Firm/Company

4400 N Federal Highway, Suite 210

Address

Boca Raton, Florida 33431

City/State and Zip Code

worldwbr@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony J Reitano

Name of Contact Person

at (561) 392-4811
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: MCM International Spa Strategist Planners Inc
2. The principal office address: 4400 N Federal Highway, Suite 210
Boca Raton, Florida 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/91 Document number: S70641

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)

Michael C McCaffrey

655 Hollows Circle

Deerfield Beach, Florida 33442

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

Anthony J Reitano

4400 N Federal Highway, Suite 210

P.O. Box NOT acceptable

Boca Raton, Florida 33431

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.

X Michael C McCaffrey
Signature of an officer or director

Michael C McCaffrey, 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.

Anthony J Reitano
Signature of Registered Agent

9-22-09

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA