I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: JUDITH LEPPANEN

Electronic Signature of Signing Officer/Director Detail

Entity Name: SEASIDE MASSAGE THERAPY CENTER, INC. **Current Principal Place of Business:**

DOCUMENT# P02000054198

4615 GULF BLVD STE 113 ST PETE BEACH, FL 33706

Current Mailing Address:

4615 GULF BLVD STE 113 ST PETE BEACH. FL 33706

FEI Number: 75-3054157

Name and Address of Current Registered Agent:

LEPPANEN, JUDITH 3410 E. DEBAZAN AVE. ST PETE BEACH, FL 33706 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

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Officer/Director Detail :

Title	D	Title	D
Name	LEPPANEN, JUDITH	Name	WELCH, MICHAEL
Address	3410 E. DEBAZAN AVE.	Address	3410 E. DEBAZAN AVE.
City-State-Zip:	ST PETE BEACH FL 33706	City-State-Zip:	ST PETE BEACH FL 33706

Certificate of Status Desired: No

Mar 02, 2017 Secretary of State CC7420950562

Date

FILED

03/02/2017 Date