N14000008989

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TALLAHASSEE, FLORIDA

24/21

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Healing Hoof Steps Corporation - addite			
DOCUMENT NUMBER: N1400008 8989			
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:			
National Name of Contact Person			
Firm/Company			
3922 Jace Drive			
Crestview FU 32539 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (407) 3/5-0/5/ Area Code & Daytime Telephone Number			
Enclosed 35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

RPuncipal address Change R Registered Agent address Change



April 9, 2015

NARISSA N JENKINS ****2ND MAILING****
HEALING HOOF STEPS CORPORATION
2030 SUNSET TERRACE DRIVE
ORLANDO, FL 32825 US

SUBJECT: HEALING HOOF STEPS CORPORATION

Ref. Number: N14000008989

We have received your document for HEALING HOOF STEPS CORPORATION 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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tina D Carter Regulatory Specialist

Letter Number: 115A00005506



Division of Corporations

March 18, 2015

NARISSA N JENKINS HEALING HOOF STEPS CORPORATION 3922 JACE DR CRESTVIEW, FL 32539 US

SUBJECT: HEALING HOOF STEPS CORPORATION

Ref. Number: N14000008989

We have received your document for HEALING HOOF STEPS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 115A00005506

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 Statute		
statement of change is submitted for a corporation organized under the laws of the State of \digamma		
in order to change its registered office or registered agent, or both, in the State of Florida	a.	
1. The name of the corporation: Healing Hoof Steps Corporation *Rold address* 2. The principal office address: 2030 SUISET Terrace Dr		
Orlando FL 32825		
3. The mailing address (if different): The Drive Data address (if different): The Drive Data address (if different):	<u></u>	27=3
3922 Jace Dr. Crestvicw,		3000 0000
4. Date of incorporation/qualification: 9 26 2014 Document number: N 140000	2080	187
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)	l	
Narissa Jenkins		
2030 Sunset Terrace Dr	귥	IAT 3S
Orlando, FL 32855	APR	CRET
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	20 PM	ARY OF
Natissa Jenkins	PH 12: 4	STA
3922 Jace Dr.	_	D.M.
Crestview, FL 32539		
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	stered a	igent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	r so	
Signature of m other or director NARISA JENKINS 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 reagent. Or, if this document is being filed merely to reflect a change in the registered office additional hereby confirm that the corporation has been notified in writing of this change.	gistere ress, I	d
4/15/2015		
Signature of Registered Agent Date		_
If signing on behalf of an entity:		
Translar Deidel Name		

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