L11000038776

(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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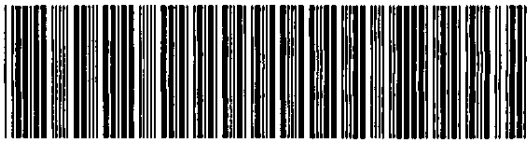
Office Use Only



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02/08/18--01025--014 **25.00

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18 FEB 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIMMONS

27 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

FELICIA MCQUAID
220 HUDSON DR NW
FT WALTON BCH, FL 32548-P

SUBJECT: THE HEALING CLINIC, LLC
Ref. Number: L11000038776

We have received your document for THE HEALING CLINIC, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current registered agent information on line 5(a) must match what is in our records, please correct(see attached)

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 118A00002848

RECEIVED
FEB 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Healing Clinic, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felicia M'Quaid
Name of Person

The Healing Clinic
Firm/Company

184 Brooks St. SE #1
Address

Fort Walton Beach, Fl. 32548
City/State and Zip Code

Yogini.felicia@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia M'Quaid at (850) 217-2771
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: The Healing Clinic, LLC

2. (a) Principal office address of limited liability company: ***(Note: MUST BE STREET ADDRESS)***
184 Brooks St. SE #1
Fort Walton Beach, Fl. 32548

(b) Mailing address of limited liability company: ***(Note: MAY BE POST OFFICE BOX)***
220 Hudson Dr. NW
Fort Walton Beach, Fl. 32548

3. Feb 2018 Date of filing/registration in Florida

4. L11000038776 Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***
Tallahassee, Fl. 32548
_____, FL_____

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TALLAHASSEE, FLORIDA

(b) Felicia McQuaid
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
220 Hudson Dr. NW
NEW Registered Office Address:
Fort Walton Beach, FL 32548

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____ Signature of a member or authorized representative of a member

Felicia McQuaid Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____ Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)