

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000504717

**Entity Name:** HEALING CHANGES LLC

**Current Principal Place of Business:**

12065 PROCTOR LOOP  
# 2  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

12065 PROCTOR LOOP  
# 2  
NEW PORT RICHEY, FL 34654 UN

**FEI Number:** 93-4338643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NELSON, DIANA Y  
12065 PROCTOR LOOP  
APT 2  
NEW PORT RICHEY, FL 34654 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            DIANA NELSON  
Address        12065 PROCTOR LOOP  
                  # 2  
City-State-Zip: NEW PORT RICHEY 34654

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANA YVONNE NELSON

**OWNER**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date