

734387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ELA chg.  
Jm  
8/3/09

May 12, 2009

THE HOLY WAY, INC.  
13010 MT. HESTER RD.  
CHEROKEE, AL 35616

SUBJECT: THE HOLY WAY, INC.  
Ref. Number: 734387

*SENDING  
RA chg  
DO NOT  
DISSOLVE*

It has come to our attention through an audit of our records that your corporation has improperly designated your registered agent.

Florida law does not allow a corporation to designate a registered agent outside the State of Florida. The registered agent may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by July 17, 2009, your corporation will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator Letter Number: 009A00016029  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

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Senior Section Administrator Letter Number: 009A00016029  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Holy Way, Inc  
Name of Corporation

DOCUMENT NUMBER: 734387

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:

Janice Null  
Name of Contact Person

In Corp Services, Inc  
Firm/Company

17888 67<sup>th</sup> Court North  
Address

Loxahatchee, FL 33470  
City/State and Zip Code

Kewh33476@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Miller at ( 256 ) 856-1429  
Name of Contact Person 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: The Holy Way, Inc.
2. The principal office address: 13010 Mount Hester Rd.  
Cherokee, AL 35616
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/19/75 Document number: 734387

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)

MILLER, J D  
13010 Mt. Hester Rd.  
Cherokee, FL 35616

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

InCorp Services, Inc.  
17888 67<sup>th</sup> Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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.

Robert Lassiter  
Signature of an officer or director

Robert Lassiter / President  
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.

Janice Null on behalf of  
Signature of Registered Agent Incorp Services, Inc.

7/16/09  
Date

If signing on behalf of an entity:

Janice Null on behalf of Incorp  
Typed or Printed Name  
Services, Inc.

\*\*\* FILING FEE: \$30.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)