

**F15000003293**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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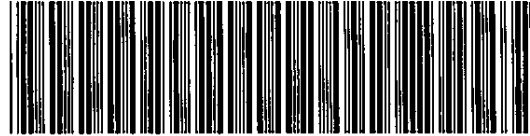
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Divine Heart Metaphysical Institute, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F15000003293

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:

Genevra Bueno  
Name of Contact Person

Divine Heart Metaphysical Institute, Inc.  
Firm/Company

9640 SW 101st Place  
Address

Ocala, FL 34481  
City/State and Zip Code

treasurer@divineheartmetaphysical.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Genevra Bueno at ( 480 ) 857-3011  
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 Arizona in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Divine Heart Metaphysical Institute, Inc.  
2. The principal office address: 9640 SW 101st Place  
Ocala, FL 34481  
3. The mailing address (if different): PO Box 773512  
Ocala, FL 34477  
4. Date of incorporation/qualification: July 27, 2015 Document number: FL5000003293

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)

Incorp Services, Inc.  
17888 67th Court North  
Loxahatchee, FL 33470

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2015 JUL -8 AM 10:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Elaine Spivak  
10020 SW 99th Terrace  
P.O. Box NOT acceptable  
Ocala, Florida 34481

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.

Genoveva Bueno  
Signature of an officer or director

Genoveva Bueno, CEO  
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.

Elaine Spivak  
Signature of Registered Agent

July 6, 2016  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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