

F16000002753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

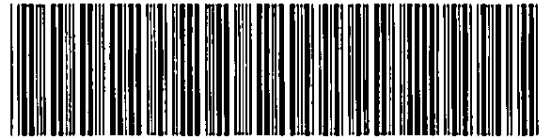
(Business Entity Name)

(Document Number)

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TALLENT
MAY 30 2018

FILED
18 MAY 29 PM 5:08
STATE OF ARIZONA
SECRETARY OF STATE

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENERGY HEALER GROUP, INC
Name of Corporation

DOCUMENT NUMBER: F16000002753

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:

Terri A. Edmiston
Name of Contact Person

ENERGY HEALER GROUP, INC
Firm/Company

3940 Dunes Vista DR.
Address

Pompano Beach, FL 33069
City/State and Zip Code

Energyhealer9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri A. Edmiston at (954) 830-3690
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 NV in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ENERGY HEALER GROUP, INC
2. The principal office address: 3440 Dunes Vista DR
Pompano Beach, FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/15/15 ^{06/16/2016} Document number: F14000002753
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)

BUSINESS FILINGS INCORPORATED

1200 S PINE ISLAND RD

PLANTATION, FL 33324

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

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.

Terri A Edmiston
Signature of an officer or director

Terri A Edmiston / Pres
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.

Bill Havre
Signature of Registered Agent

5/22/18
Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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18 MAY 29 PM 5:08