

F20000004431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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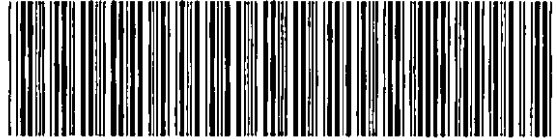
(Business Entity Name)

(Document Number)

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U. S. DEPARTMENT OF JUSTICE

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JUL 13 2022

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SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 795568 8379251

AUTHORIZATION : 

COST LIMIT : \$ 35.00

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ORDER DATE : July 8, 2022

ORDER TIME : 8:46 AM

ORDER NO. : 795568-077

CUSTOMER NO: 8379251  
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CHANGE OF AGENT

NAME: HEART CENTERED COUNSELING,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
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 CO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEART CENTERED COUNSELING, INC.
2. The principal office address: 10655 NE 4TH ST STE 901 BELLEVUE, WA 98004
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/08/2020 Document number: F20000004431
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

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Grace E. Kirby  
Signature of an officer or director

Jill Cilmi

Vice 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.*

Corporation Service Company

By: Grace E. Kirby  
Signature of Registered Agent

07/11/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 (04/13)

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TALLAHASSEE, FL