15000162063

(Re	questor's Name)	
(Ād	dress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	‡)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 16, 2018

Order#: 020530/005

Re: HEALING ENERGY 2U, PLLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2 ()	2329 Belmar Drive	<i>(</i> 1)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POST		
	Belleair Bluffs, FL 33770	-			
	09/23/2015	L150	000162063		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)			,,,		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:		
	13302 Winding Oaks Court, Suite A				
	Registered Office Address (MUST BE FLORIDA STREE	T <u>ADDRESS)</u>			
					VIO.
				œ	VISE
	Tampa	FL 33612		JAN	
				-	유주고
(b)					55 17 17 18
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		AH :: 15	_ED Y OF STATE CORPORATIONS
					AAA
	1201 Hays Street			<u>~</u>	Š.w
	NEW Registered Office Address:				(A
					
	Tallahassee	L_32301			
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company of the limited lia	office and the business office, it is hereby confirmed that it is hereby confirmed that it is not be read to the read of the r	ce of the r at the char	registered nge(s)
/s/	Rachael Bardach	Rachael B	ardach, Authorized Person		
Signa	ture of a member or authorized representative of a member		Printed or typed name of:	signee	
I here provisi the obj	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet igations of my position as registered agent as provide ely reflect a change in the registered office address.	gree to act in this e performance of led for in Chapte I herahy confirm	s capacity. I further agree to I my duties, and I am famili r 605, F.S. Or, if this docum that the limited liability co	o comply ar with an ment is be	with the nd accept ging filed

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i.	Na	me of the limited liability company: HEALING ENER	GY 2U, F	PLLC			
2	(a)	2329 Belmar Drive	_ (b)				
2.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liab (Nate: MAY BE POST OF	-	
		Belleair Bluffs, FL 33770	- -				
		09/23/2015		L1500016	2063		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	United States Corporation Agents, Inc.					
		Registered Agent and Registered Office shown on the records of the	ne Florida f	Dept. of State	·:		
		13302 Winding Oaks Court, Suite A					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		•		
				 -			
		Tampa .FL_	33612				
							0
	(b)	Corporation Service Company				8	SEV
		Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>'ess</u> :		JAN	SE S
						8	무근구
		1201 Hays Street					27.E
		NEW Registered Office Address:				AM II: I	주유 G
						=	RRA
						-	<u></u>
		T-0-1	00004			•	亦
		<u>Tallahassee</u> , FL	32301				
the age	e cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility con `the limit	ered office npany, it is ed liability	and the business office thereby confirmed that to company or as otherwi	of the r the chan	egistered ige(s)
	/s/ i	Rachael Bardach	Rach	ael Bardac	ch, Authorized Person		
_5	Signature of a member or authorized representative of a member			Printed or typed name of signee			
pro the to no	ovisi e obli mere tifiec	ny accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I'm writing of this change.	performan for in Ch ereby con	nce of my a napter 605, nfirm that i	luties, and I am familiar , F.S. Or, if this docume he limited liability comp	with arent is be oany has	id accept inv filed
Si	gnatu	e of Registered Agent Corporation Service Company	BY: Am	n M. Cası	per, Asst. Vice Preside	nt	