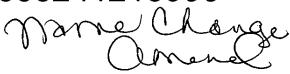
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11/10/12



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2012

Linda M. Smith Healing Hearts Ministru and Counseling 5510 River Rd, Suite 103 New Port Richey, FL 34652

SUBJECT: HEALING HEARTS MINISTRY AND COUNSELING, INC.

Ref. Number: N0000007424

We have received your document for HEALING HEARTS MINISTRY AND COUNSELING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent change form can not be used to change the name of your corporation. I have enclosed the correct form (articles of amendment).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 612A00026768

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www.sunbiz.org

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

·	
NAME OF CORPORATION: Healing Hearts Ministry & Courseling In	С.,
DOCUMENT NUMBER: NO000007424	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
· Linda M. Smith (Name of Contact Person)	
(Name of Contact Person)	
Healing Wearts Ministry and Counseling, Inc.	
5510 River Rd. Swite 103, Hew (Address)	
We what Richey, FL. 34652 (Gity/State and Zip Code) Linda a healing hearts ministry. org E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Linda Smith at (727) 389-9086	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	Articles of Incorporation	FALLO
	of stry and Counseling d with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORID
(Document Num	ther of Corporation (if known)	4
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:		Corporation adopts the following
A. If amending name, enter the new name of Healing Hearts Mina name must be distinguishable and contain the w "Company" or "Co." may not be used in the n	istry Outreach, I poor "corporated" or the	NC,The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX)	
D. If amending the registered agent and/or r new registered agent and/or the new regis		ne name of the
Name of New Registered Agent:	stered office address.	
New Registered Office Address:	(Floridu street address)	
		lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	ng Registered Agent:	
I hereby accept the appointment as registered a	gent. I am familiar with and accept the obli	gations of the position.
Signature	of New Registered Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike SV Sally 3	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove		•	
2) Change			
Add			P
Remove			
3)Change	• • • • • • • • • • • • • • • • • • •		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		•	
Add			
Remove			
6) Change			
Add		.	
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•

The date of each amendment(s) adoption:	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated ///4/2012	,
Signature Linda M. Smith	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	;
Linda m. Smith	
(Typed or printed name of person signing)	
President	
(Title of person signing)	