NO4574

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<u>-</u> ⊖#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		i		

Office Use Only



600241047826

10/25/12--01003--028 **35.00



OCT 2 5 2012 C. MUSTAIN

Br

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HoneyWord Foundation, Inc.

DOCUMENT NUMBER: NO457

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:

Dr. Emmett A. Cooper

Name of Contact Person

HoneyWord Foundation, Inc.

Firm/Company

P.O. Box 339

Address

PINEVILLE, NC 28134

City/State and Zip Code

HoneyWord@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dineen Wasylik

.813 \.907-7

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

statement of c	hange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.
		•
1. The name o	of the corporation: HoneyWord Fo	POUL EVADD FORT MILL CO 20745
2. The princip	al office address: 251 HERITAGE	BOULEVARD, FORT MILL SC 29715
		
3. The mailing	g address (if different): P.O. Box 33	39, Pineville, NC 28134
4. Date of inco	orporation/qualification: 08/06/198	Document number: N04574
	nd street address of the current register partment of State: (If resigned, enter res	ed agent and registered office on file with the igned)
	DR. EMMETT A. COOPER	R
	251 HERITAGE BOULEVA	
	FORT MILL FL 29715 US	300
6. The name a (if changed)	——————————————————————————————————————	agent (if changed) and /or registered office 25
	Conwell Kirkpatrick, P.A.	9. 3. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	2701 N. Rocky Point Drive	
	Татра, FL 33607	NOT acceptable
The street add as changed wi	ress of its registered office and the str ill be identical.	reet address of the business office of its registered agent
_	1	pted by its board of directors or by an officer so notified in writing of the change.
mento	4.0000	Dr. Emmett A. Cooper, President
I hereby accept further agree performance agent. Or, if the hereby confirmation of S	Signature of Registered Agent	Printed or typed name and little t and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change. Delta Date
	pehalf of an entity:	
	an Conwell, Jr. Typed or Printed Name	
	Types of Frinten Maine	

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