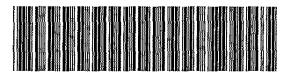
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TALLAHASSEE FI CORE.

THM RACHUMUR

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT. Hurting and Waiting to Be Healed
(Name of Corporation)
DOCUMENT NUMBER: N05000008175
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:
Anthony Mays
(Name of Contact Person)
(Firm/Company)
1291 S.W. 28th Ave
(Address)
Boynton Beach, FL 33426 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony Mays at (561) 752-2029 (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

	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi			tatutes, this		
in orde	er to change its registered office or registe	red agent, or both, in	the State of Flo	orida.		
1. The name of	the corporation: Hurting & Waiting to Be I	lealed	<u> </u>	L44 -	-	
2. The principal	office address: P.O.Box 1438				1	
Boynton Be	ach, FL 33425-1438		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	address (if different): P.O.Box 1438				v <u>an</u> a 91	
Boynton Bea	ach, FL 33425-1438	·	<u>*</u>		<u></u>	
4. Date of incor	poration/qualification: 8/10/2005	Document numb	oer: N050000	08175		
	d street address of the current registered agriment of State:	ent and registered off	fice on file with	the _		-
	Davis Small Business Services, I	nc.		<u> </u>	<u>.</u>	-
	149 Nottingham Place			T	· · · · · · · · · · · · · · · · · · ·	-
	Boynton Beach, FL 33425-1438		٠ <u>٠, ٢ - ١</u>	··· (####)	<u>.</u> .	
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or	registered offic			
	Anthony Mays		<u></u>	AND SE 2		
	1291 S.W. 28th Ave			29 88EE	П	
	(P.O. Box NOT acceptable)			TS E	D	
	Boynton Beach, FL 33425-1438		er<u>eri</u> n a	三 :	•	
The street address changed will	ess of its registered office and the street a be identical.	address of the busine	ss office of its	registered ago	ent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directified in writing of the	ctors or by an o	officer so	a Section	
(Signati	Thy Every	Dorothy Forrest, I	President	ne)	<u></u> :	-
I further agree of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	ites relative to the nr	oner and com	plete performa agent. Or, if confirm that	ince this the	
Anthon	Mays	September 21,20			9*** 5×	
If signing on be	chalf of an entity:		(Date)			
					حـ . وي ر	_
	Typed or Printed Name)	• •	Tinger 1, in	* · · •••• -		

* * * 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 (8/05)