

ND5000010469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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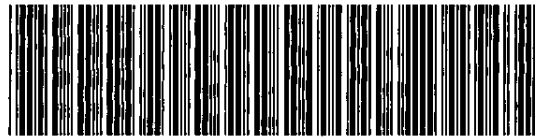
(Business Entity Name)

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TALLAHASSEE, FLORIDA

RA Change
Teev
10-5-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healing Foundation of America Inc
Name of Corporation

DOCUMENT NUMBER: N05000010469

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:

William H Higgins

Name of Contact Person

Healing Foundation of America Inc

Firm/Company

2100 W New Hope Rd #803

Address

Rogers, AR 72758

City/State and Zip Code

whiggins3@cox.net

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

For further information concerning this matter, please call:

William H Higgins

Name of Contact Person

at (918) 232-8150
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2010

WILLIAM H. HIGGINS
HEALING FOUNDATION OF AMERICA, INC.
2100 W. NEW HOPE ROAD, #803
ROGERS, AR 72758

SUBJECT: HEALING FOUNDATION OF AMERICA, INC.
Ref. Number: N05000010469

We have received your document for HEALING FOUNDATION OF AMERICA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 610A00022586

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TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Healing Foundation of America Inc
2. The principal office address: 2100 W New Hope Rd #803
Rogers, AR 72758
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/10/2005 Document number: N05000010469
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)

CORPORATION SERVICE COMPANY

1201 HAYES ST.

TALLAHASSEE FL 32301

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

Ashlea Jensen

5717 Pin Oak Avenue

P.O. Box NOT acceptable

Milton, FL 32583

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TALLAHASSEE, FLORIDA

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.

William H Higgins
Signature of an officer or director

William H Higgins
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.

x Ashlea Jensen
Signature of Registered Agent

x 9-17-10
Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

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