## 108000007651

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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Hope Heals Corporation (Name of Corporation		
DOCUMENT NUMBER: NO80000 7651		
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:		
Elaire Netter 5-	trom	
(Name of Contact Person	on)	
Hope Heals Corporation (Firm/Company)		
551 Casa Bella Dr #301 (Address)		
Cope Canaveral FL 32920 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Flaire Netter Strom at (3) (Name of Contact Person)  (A)	321 ) 292-9030 rea 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	

TO:



September 18, 2008

ELAINE NETTERSTROM 551 CASA BELLA DR., #301 CAPE CANAVERAL, FL 32920

SUBJECT: HOPE HEALS CORPORATION

Ref. Number: N08000007651

We have received your document for HOPE HEALS CORPORATION 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 must sign accepting the designation.

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) 245-6916.

Letter Number: 808A00050618

Carol Mustain Regulatory Specialist II

## 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: Hope Heals Conporation		
2. The principal office address: 551 Casa Bella Dr #301  Cape Canaveral FL 32920		
Cape Canaveral FL 32920		
3. The mailing address (if different):		
4. Date of incorporation/qualification: Qua 13, 2008 Document number: N 080000 7651		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Paul Netterstrom		
234 Andros Ave		
Cocoa Beach FL 32931		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
932 Buchsaw Place Pose (P.O. Box NOT acceptable)		
Longwood FL 32750		
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.		
EXECUTES From  [Signature of an officer or director)  [Signature of an officer or director)  [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 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.  Londantino L. Herriolof.  (Signature of Registered Agent)  Saptember 25, 2008		
If signing on behalf of an entity:		
(Typed or Printed Name)		

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