

No 8000007651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

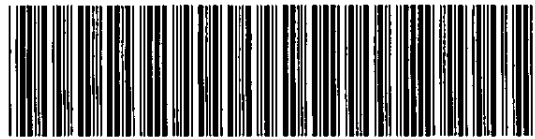
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ATTN: HASSEFF, ELORIN

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10-2-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hope Heals Corporation
(Name of Corporation)

DOCUMENT NUMBER: N08000007651

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:

Elaine Netterstrom
(Name of Contact Person)

Hope Heals Corporation
(Firm/Company)

551 Casa Bella Dr #301
(Address)

Cape Canaveral FL 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

Elaine Netterstrom at (321) 292-9030
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 808A00050618

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 Corporation
2. The principal office address: 551 Casa Bella Dr #301
Cape Canaveral FL 32920
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Aug 13, 2008 Document number: N 0800000 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):

Constantino J Ferriola
932 Bucksaw Place
(P.O. Box NOT acceptable)
Longwood FL 32750

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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.

E Netterstrom
(Signature of an officer or director)

Elaine Netterstrom
(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.

Constantino J. Ferriola
(Signature of Registered Agent)

September 25, 2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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