

**N13000006441**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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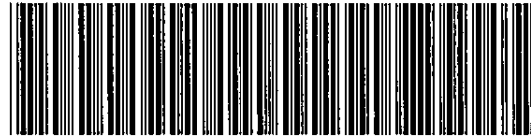
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**C. LEWIS**

DEC 10 2013

**EXAMINER**

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Healing Touch Ministries @ Silver Springs, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 13000006441

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:

Debra J. Harmon  
Name of Contact Person

Healing Touch Ministries @ Silver Springs, Inc.  
Firm/Company

1023 ALOHA WAY  
Address

LADY LAKE, FLORIDA, 32159  
City/State and Zip Code

dharmon906@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra J. Harmon at ( 317 ) 498-9741  
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**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Healing Touch Ministries @ Silver Springs, Inc.
2. The principal office address: 1023 ALOHA WAY, LADY LAKE, FLORIDA, 32159
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7-19-2013 Document number: N13000006441
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)

1618 BAY MEADOWS LANE Debra J. Harmon  
LADY LAKE, FLORIDA, 32159

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

Debra J. Harmon  
1023 ALOHA WAY  
P.O. Box NOT acceptable  
LADY LAKE, FL. 32159

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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.

Debra J. Harmon, Secretary      Debra J. Harmon, Secretary  
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 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.

Debra J. Harmon      12-5-2013  
Signature of Registered Agent      Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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