

N 1400000 1247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALED VOICES, INC.
Name of Corporation

DOCUMENT NUMBER: N14000001247

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:

Venus Harris
Name of Contact Person

2907 Mission Rd
Firm/Company
Address

Tallahassee FL 32304
City/State and Zip Code

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

For further information concerning this matter, please call:

Venus Harris at (850) 765-9972
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: HEALED VOICES, INC.
2. The principal office address: 2907 Mission Rd
Tallahassee FL 32304
3. The mailing address (if different): Same Above

4. Date of incorporation/qualification: 2-10-14 Document number: N14000001247

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)

United States Corporation Agent, Inc
13302 Winding Oaks Blvd Suite 101
Tampa FL

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

Venus Harris
2907 Mission Rd
P.O. Box NOT acceptable
Tallahassee FL 32304

STATE
DEPARTMENT OF
FLORIDA

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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.

Venus Harris

Signature of an officer or director

Venus Harris

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.

Venus Harris

Signature of Registered Agent

2-13-14

Date

If signing on behalf of an entity:

Typed or Printed Name

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE