

N15000006658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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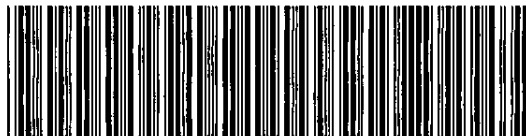
(Business Entity Name)

(Document Number)

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T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ~~4104~~ Healing Life Change Corp.

Name of Corporation

DOCUMENT NUMBER: H150001691563

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:

Natalie L Smith

Name of Contact Person

Healing Life Change Corp.

Firm/Company

371 22nd Street

Address

Marathon, FL 33050

City/State and Zip Code

naturalpathsfitness@gmail.com

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

For further information concerning this matter, please call:

Natalie L Smith

Name of Contact Person

at **954 647 - 4104**

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

August 20, 2015

NATALIE L SMITH
HEALING LIFE CHANGE CORP
371 22ND STREET
MARATHON, FL 33050 US

SUBJECT: HEALING LIFE CHANGE CORP.
Ref. Number: N15000006658

We have received your document for HEALING LIFE CHANGE CORP. 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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 115A00017655

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DIVISION OF CORPORATIONS
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 Life Change Corp
2. The principal office address: 371 22nd Street, Marathon, FL 33050

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 10, 2015 Document number: 11150001694563

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 Agents, Inc
13302 Winding Oaks Blvd., Suite A
Tampa, FL 33612

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

Natalie L Smith
335 22nd Street
Marathon, FL 33050

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
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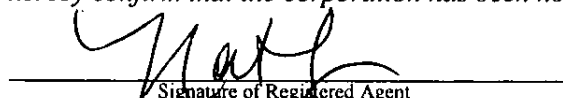
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

SHAWN G. PIERSON SECRETARY
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.


Signature of Registered Agent

8/26/15
Date

If signing on behalf of an entity:

Natalie Smith
Typed or Printed Name

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