

N16 00000 9598

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(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 DEC -6 AM 11:21

*Amend,*  
*12/12/19*  
*De*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2019

DR. CANDICE S MCCOY  
5341 SE JENNINGS LN  
STUART, FL 34997

SUBJECT: THE HEALING HOUSE, INC  
Ref. Number: N16000009598

We have received your document for THE HEALING HOUSE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 519A00024021

RECEIVED

2019 DEC 6 11:33:10

*The correct form is included!  
Apologize.*



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Healing House, Inc.

DOCUMENT NUMBER: N1600000 9598

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Candice McCoy  
(Name of Contact Person)

The Healing House, Inc.  
(Firm Company)

5341 SE Jennings Lane  
(Address)

Stuart, FL 34997  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Dr. McCoy at 561-222-6057  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

The Healing House, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N16000069598  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 DEC -6 AM 11:21

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Paul Croke	1203 Madison Ave Stuart, FL 34996
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Flavio Santini	3728 Great Oak Dr. Lake Worth, FL 33467-7107
3) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	CEO	Frank Enolina	Treasure Coast Community Acupuncture 555 Colorado Ave Stuart, FL 34994
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Candice McCoy ↓ to Dr. Candice McCoy	(Same)
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CEO	Laurel Zilch, PA	120 Ocean Pines Terrace Jupiter, Florida 33477
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

N/A.

Page 3 of 4

The date of each amendment(s) adoption: 11/4/19, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

N/A



There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. (change of board members)

Dated 12/3/19

Signature Dr. Candice McCoy 561-222-6057  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. Candice McCoy  
(Typed or printed name of person signing)

President  
(Title of person signing)