N18000013194

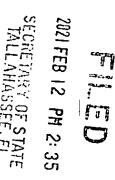
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Amendment Section Division of Corporations	• • • • • • • • • • • • • • • • • • •
	•	
6131111	ECT: Empowering Minds, Inc	1
Name of	of Corporation	<u> </u>
	N18000013194	i
DOCU	JMENT NUMBER: N18000013194	
The en-	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Tabatha	a Bailey	
Name o	of Contact Person	
Empow	vering Minds. Inc	
Firm/C	Company	
71 NE	183rd Terrace	
Addres	SS	
Miami,	Florida 33179	
City/St	ate and Zip Code	
	empoweringmindsmentalheal	lth@gmail.com
E-mail	l address: (to be used for future annua	I report notification)
For fur	ther information concerning this matter, p	please call:
Tabatha	a Bailey	at (305) 367-1648 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	ed is a \$35,00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314		2415 P. Montoe Succe Suite 619

Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of Flo	rida
1. The name of	the corporation: Empowering Minds, Inc		
2. The principal	Loffice address: 391 Opa Locka, Florida		
Miami, Florida	1.00104		
3. The mailing a	address (if different): 71 NE 183rd Terra	ce Miami, Florida 33179 ————————————————————————————————————	<u> </u>
4. Date of incor	poration qualification: 01 01/2019	Document number: N180000131	
	d street address of the current registered irtment of State: (If resigned, enter resign		the
	Sharon Hamilton (delete Confict of Interes	:s()	
	12590 NE 16 AVENUE APT. 208	TAL	2021
	MIAMI, FL 33161		Fil.
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and or registered fifting	LED 2 PH 2:35
	Tawana Benson (Chief Financial Officer)		ယ္က
	8740 N SHERMAN CIRCLE		01
		w NOT acceptable	
	MIRAMAR, FLORIDA 33025		
The street address changed will	ess of its registered office and the stree l be identical.	raddress of the business office of its re	gistered agent,
Such change wanthorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an off otified in writing of the change.	icer so _,
Charles	the Exiler	Tabatha Bailey	
_	are of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is bei	t the appointment as registered agent at to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in a s been notified in writing of this change	tutes relative to the proper and comple ligation of my position as registered ag he registered office address, I hereby c	ete performance gent. Or, if this confirm that the
/11.67	and Show	2/6/2021	
Niã	analyce of Regrey Cred Agent	Date	
	chalf of an entity:		
	1/1		
Ί	ypell or Printed Name	1141 - 1737 - 140 da 2	1
	* * * FILING F.	EE: 535.00 * * *	•

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04-13)