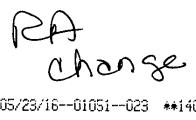
(Requestor's Name)	
. (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
PICK-UP WAIT  (Business Entity Name)  (Document Number)  Certified Copies Certificates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

Office Use Only



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May 2 Ton

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Healthy Palm Beaches, INC.

Name of Corporation

DOCUMENT NUMBER: N94000003485

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:

Tina Luque

Name of Contact Person

**Health Care District** 

Firm/Company

2601 10th Avenue North, Ste. 100

Address

Palm Springs, FL 33461

City/State and Zip Code

legal@hcdpbc.org

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

For further information concerning this matter, please call:

Kelley Anderson

,,561

**804**-5740

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Healthy Palm Beaches, INC.
2. The principal	
	Palm Springs, FL 33461
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 3/24/2016 Document number: N9400003485
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Nicholas Romanello
	2601 10th Avenue North, Ste. 100
	Palm Springs, FL 33461
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Tina Luque
	Tina Luque 2601 10th Avenue North, Ste. 100
	P.O. Box NOT acceptable  Palm Springs, FL 33461
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
_ Ware Signatur	Darcy J. Davis (CEO) Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Ine (	Sylventure Registered Agent 5/10/14 Date
	half of an entity:
Tlna Luque	
Ту	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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