

N99000003990

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B 10:00 SEP 17 2016

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healing Arts Alliance of the Big Bend, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N99000003990

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:

Susanne Howell, President

Name of Contact Person

Healing Arts Alliance of the Bid Bend, Inc.

Firm/Company

9601 - 45 Miccosukee Road

Address

Tallahassee, FL 32309

City/State and Zip Code

HealingArts850@gmail.com

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

For further information concerning this matter, please call:

Arielle RAff

Name of Contact Person

at ( 214 ) 707-0717

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 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 Arts Alliance of the Big Bend, Inc.
2. The principal office address: 9601-45 Miccosukee Road, Tallahassee, FL 32309
3. The mailing address (if different): P.O. Box 181233, Tallahassee, FL 32303-2747
4. Date of incorporation/qualification: 6/29/1999 Document number: N99000003990
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)

Spencer Ingram

124 Salem Court Suite A

Tallahassee, FL 32301

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

REGISTERED AGENTS INC.

3030 N. Rocky Point Drive, STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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.

Patricia Dudley-Gregory  
Signature of an officer or director

Patricia Dudley-Gregory, Treasurer

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.*

Bill Havre  
Signature of Registered Agent

7-31-16

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

Typed or Printed Name

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

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

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