

P07000104158

(Requestor's Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Health Education Learning Programs Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000104158

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:

Christine Von Kantor

Name of Contact Person

Health Education Learning Programs Inc

Firm/Company

PO Box 780126

Address

Sebastian, FL 32978-0126

City/State and Zip Code

vonkantor@aol.com

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

For further information concerning this matter, please call:

Christine Von Kantor

Name of Contact Person

at ( 772 ) 918-8039

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: Health Education Learning Programs Inc
2. The principal office address: c/o Christine Von Kantor  
463 Autumn Terrace Sebastian FL 32958
3. The mailing address (if different): c/o Christine Von Kantor  
PO Box 780126 Sebastian FL 32978-0126
4. Date of incorporation/qualification: 09/19/2007 Document number: P07000104158
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)

Christine D Von Kantor

706 NE 10th Avenue

Pompano Beach, FL 33060

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

Christine D Von Kantor

463 Autumn Terrace

P.O. Box NOT acceptable

Sebastian, FL 32958

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

Christine Von Kantor, President

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

09/01/13

Date

If signing on behalf of an entity:

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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DIVISION OF CORPORATIONS  
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