

P08000024409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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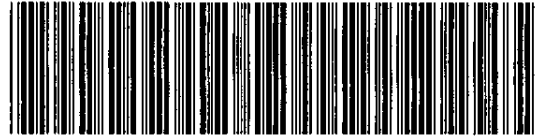
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
Chang  
5-23-12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Heaven's Best of Indian River, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Dean LaPierpe  
Name of Contact Person

Heaven's Best  
Firm/Company

4601-NP A1A #202  
Address

Vero Beach, FL 32963  
City/State and Zip Code

WWW.heavensbestofI.R.C.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean LaPierpe at ( 772 ) 643-6999  
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

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: Heaven's Best of Indian River, Inc.  
2. The principal office address: 5970 24TH ST. Vero Beach FL 32966

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/3/2002 Document number: 74-3255737

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)

Barbara LaPierre Resigned  
5970 24TH ST.  
Vero Beach FL 32966

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

Dean LaPierre  
4601- NP AIA #202  
P.O. Box NOT acceptable  
Vero Beach FL 32963

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.

X Barbara LaPierre Barbara LaPierre / President  
Signature of an officer or director 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.

Dean LaPierre  
Signature of Registered Agent

4/2/12  
Date

If signing on behalf of an entity:

DEAN LAPIERRE  
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

CR2E045 (8/05)