

P09000013105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READY 5/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heavenly Touch Home Health Care, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P09000013105

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:

Mayra T Martinez
(Name of Contact Person)

Heavenly Touch Home Health Care, Corp.
(Firm/Company)

8181 N.W. 36 ST Suite # 1905
(Address)

Doral, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Ibis C Tejeda at (786) 683-7418
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2009

MAYRA MARTINEZ
8181 N.W. 36 ST., SUITE 1905
DORAL, FL 33166

SUBJECT: HEAVENLY TOUCH HOME HEALTH CARE CORP
Ref. Number: P09000013105

We have received your document for HEAVENLY TOUCH HOME HEALTH CARE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 809A00009957

**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: Heavenly Touch Home Health Care, Corp.
2. The principal office address: 8181 N.W. 36 ST Suite # 1905
Doral, FL 33166
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 02/10/2009 Document number: P090000133105

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)

Heavenly Touch Home Health Care, Corp.

6500 N.W. 72 Ave

Suite # 104 Miami, FL 33126

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

Heavenly Touch Home Health Care, Corp. / Ibis C Tejada

8181 N.W. 36 ST Suite # 1905

(P.O. Box NOT acceptable)

Doral, FL 33166

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]
(Signature of an officer or director)

Mayra T Martinez
(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]
(Signature of Registered Agent)

4/30/2009
(Date)

If signing on behalf of an entity:

Ibis C. Tejada
(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)

NOTARY PUBLIC-STATE OF FLORIDA
Helen S.
Commission #
Expires: MAR. 2010
Bondsman: The Atlantic Bonding Co., Inc.

NOTARY PUBLIC-STATE OF FLORIDA
Helen Sanchez
Commission # DF 511170
Expires: 03/11/2010
Bondsman: The Atlantic Bonding Co., Inc.