

P110000109184

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Coaching Empowerment, Inc.
Name of Corporation

DOCUMENT NUMBER: 32-0364320 P110000109184

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:

Beth A. Carter
Name of Contact Person

Health Coaching Empowerment, Inc.
Firm/Company

5823 Bowen Daniel Dr. #1105
Address

Tampa, FL 33616
City/State and Zip Code

beth@healthcoachpro.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth A. Carter at (813) 832-8202
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: Health Coaching Empowerment, Inc.
2. The principal office address: 5823 Bowen Daniel Dr. #1105
Tampa, Fl 33616
3. The mailing address (if different): 5823 Bowen Daniel Dr. #1105
Tampa, Fl 33616
4. Date of incorporation/qualification: 1-1-2012 Document number: 32-0364320 P11000109184
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)

Beth A. Carter

4521 S. Shamrock Rd.

Tampa, Fl 33611

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

Beth A. Carter

5823 Bowen Daniel Dr. #1105

P.O. Box NOT acceptable

Tampa, Fl 33616

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.

Beth A. Carter
Signature of an officer or director

Beth A. Carter
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.

Beth A. Carter
Signature of Registered Agent

7-8-13

Date

If signing on behalf of an entity:

Beth A. Carter
Typed or Printed Name

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

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