

712000041315

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angel Healing Hands, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000041315

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:

Christina Smith

Name of Contact Person

Angel Healing Hands, Inc.

Firm/Company

2875 S. Ocean Blvd Ste 9

Address

Palm Beach, FL 33480

City/State and Zip Code

angelhealinghand@gmail.com

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

For further information concerning this matter, please call:

Cristina Smith

Name of Contact Person

at (786) 269-9639

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: Angel Healing hands, Inc.
2. The principal office address: 2875 S. ocean Blvd Ste 9
Palm beach, FL 33480
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 05/02/2012 Document number: P12000041315
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)

Christina Smith

4804 Ranch Way

West Palm Beach, FL 33415

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

Cristina Smith

2875 S. Ocean Blvd Ste 9

P.O. Box NOT acceptable

Palm Beach, FL 33480

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.

Cristina Smith
Signature of an officer or director

Cristina Smith

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.

Cristina Smith
Signature of Registered Agent

May 9, 2012

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

CR2E045 (03/12)

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