## P15000055273

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

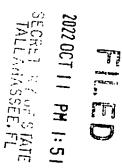
Office Use Only

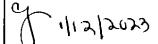


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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: ESSENTIAL HEALING OF SOUTH FLORIDA, INC. Name of Corporation DOCUMENT NUMBER: P15000055273 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: MARIA BONET Name of Contact Person ESSENTIAL HEALING OF SOUTH FLORIDA, INC. Firm/Company 6415 LAKE WORTH RD SUITE 204 Address GREENACRES, FL 33463 City/State and Zip Code ESSENTIALHEALINGOFSOUTHFLORIDA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA BONET at (561-403-964.) 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 Tallahassec, FL 32314

Name of Contact Person

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation c	7,0502, 607.1508, or 617.1508, Florida organized under the laws of the State of , registered agent, or both, in the State of i	FLORIDA	
	the corporation: ESSENTIAL HEAL			
<ul><li>2. The principal</li></ul>	office address: 6415 LAKE WORTH	I RD SUITE 204, GREENACRES. FL 334	.63	
3. The mailing	address (if different):			
			Document number: P15000055273	
5. The name an Florida Depa	d street address of the current register frament of State: (If resigned, enter re	ered agent and registered office on file wesigned)	vith the	
	MARIA BONET		, <del></del>	
7	6415 LAKE WORTH RD SUITE 20	)4	202 T	
	GREENACRES, FL 33463		2022 OCT	
6 The name an (if changed):		d agent (if changed) and /or registered o	in it is in the second	
	N/A Bonet, Maria	<u></u>		
	6801 Lake Worth Drive			
	Greenacres, FL 33467	OT acceptable	7	
The street addras changed wi	ress of its registered office and the all be identical.	street address of the business office of	its registered agent,	
Such change w	vas authorized by resolution duly ac	dopted by its board of directors or by a cen notified in writing of the change.	n officer so	
MARIA BONET, PRESIDENT				
r.	ture of an officer of director	Printed or typed name and	title	
I further agree of my duties, a document is be corporation)hi	o to comply with the provisions of a and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this cl	ent and agree to act in this capacity, ill statutes relative to the proper and co he obligation of my position as register e in the registered office address. I her hange.	omplete performance ed agent. Or, if this eby confirm that the	
<i>[/</i> ()	Comia Brut	10/06/2022		
, 5	ignature of Registered Agent	Date		
If signing on h	ochalf of an entity:			
	Typed or Printed Name			

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