P17000030576

| (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: | | | | |
| , | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------|---|
| SUBJI | ECT: |
| | Name of Corporation |
| DOCU | MENT NUMBER: P17000030576 |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Jo Naughton |
| | Name of Contact Person |
| | Healed for Life Inc |
| | Firm/Company |
| | 11951 NW 37 Street |
| | Address |
| | Coral Springs, Florida 33065 |
| | City/State and Zip Code |
| | jo@jonaughton.com |
| | E-mail address: (to be used for future annual report notification) |
| | |
| For fur | ther information concerning this matter, please call: |
| Jo i | Naughton _{at} 954 732-0323 |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Enclos | ed is a \$35.00 check made payable to the Department of State. |
| | Mailing Address: Amendment Section Street Address: Amendment Section |
| | Amendment Section Amendment Section Division of Corporations Division of Corporations |
| | P.O. Box 6327 Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

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

| statement of ch | ange is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | |
|---|---|--|-------------|
| 1. The name of | the corporation: Healed for Life | e Inc | |
| 2. The principa | office address: 50 Holloways | Lane, Welham Green, Herts AL9 7NS, U | <u> </u> |
| | | | |
| 3. The mailing | address (if different): 11951 NW | 37 Street, Coral Springs, FL 33065 | |
| 4. Date of incom | rporation/qualification: April 01 2 | 2017 Document number: P17000030576 | |
| | nd street address of the current register artment of State: (If resigned, enter re | ered agent and registered office on file with the esigned) | |
| | Jo Naughton | SEE SE | 0 |
| | 50 Holloways Lane, Welham | Green, Herts, AL9 7NS, UK | 1 |
| 6. The name an (if changed): | | d agent (if changed) and /or registered office | .` |
| | Elaine Zamora | | |
| | | oral Springs, Florida 33065 x NOT acceptable | |
| _ | | treet address of the business office of its registered agent, | |
| Such change wauthorized by t | as authorized by resolution duly add the board, or the corporation has been | opted by its board of directors or by an officer so en notified in writing of the change. | |
| | we of an officer or director | Jo Naughton, Printed or typed name and title | |
| I hereby accep I further have of performance of agent. Or, if th hereby confirm | | nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change. | |
| <i>Ulu</i> | mature of Registered Agent | April 28 2017 | |
| _ | chalf of an entity: | Date | |
| T | yped or Printed Name | | |
| | " " " FILING | G 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)