

P17000031254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

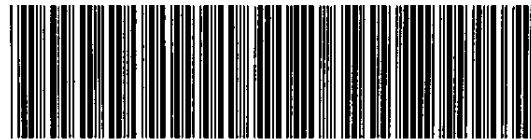
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400298672374

05/08/17--01037--007 \*\*35.00

FILED

2017 MAY 26 A 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2017

T. LEMIEUX

200

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Seven Angels of Heaven Inc.  
Name of Corporation

DOCUMENT NUMBER: P17000031254

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:

EDWINA. P. BARROW  
Name of Contact Person

address of business need to be on this documents  
Firm/Company

~~800~~ 8305 ATLANTIC blvd  
Address

Carol Springs FLORIDA 33071  
City/State and Zip Code

PatKeturah@HOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwina P. Barrow at ( 561 ) 305-0106  
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

May 15, 2017

EDWINA P BARROW  
8305 ATLANTIC BLVD  
CAROL SPRINGS, FL 33071

SUBJECT: SEVEN ANGELS OF HEAVEN, INC.  
Ref. Number: P17000031254

We have received your document for SEVEN ANGELS OF HEAVEN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You will need to have Edwina P Barrow sign the document.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 317A00009657

RECEIVED  
MAY 26 PM 2:45  
DIVISION OF  
CORPORATIONS  
STATE OF FLORIDA

RECEIVED  
MAY 26 PM 2:45  
DIVISION OF  
CORPORATIONS  
STATE OF FLORIDA

MAY 26 PM 2:45

# 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Seven Angels OF Heaven INC.
2. The principal office address: 8305 W ATLantic Blvd  
Coral Springs FL 33071
3. The mailing address (if different): 8305 W ATLantic Blvd  
Coral Springs FL 33071
4. Date of incorporation/qualification: 4-5-17 Document number: P17000031254
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)

Edwina P. Barrow

3331 Chickadee Ln

Marjate FL 33063

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

Edwina Barrow

8305 W Atlantic Blvd

Coral Springs FL 33071

P.O. Box NOT acceptable

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.

Edwina P. Barrow

Signature of an officer or director

EDWINA P. BARROW

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.

Edwina P. Barrow

Signature of Registered Agent

6-1-17

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)