## PISUUUUDA7198

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

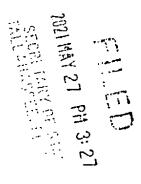




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## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: HUMAN FOR LIFE MENTAL HEALTH INC	
Name of Corporation	
DOCUMENT NUMBER: P18000027198	
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	wing:
LOVETTE DOBSON	
Name of Contact Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
LOVETTE DOBSON at (888	) 462-3453 Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of $\frac{1}{2}$	FLORIDA
	the corporation: HUMAN FOR LIFE ME	-	
2. The principal	office address: 1275 WEST 47TH PLACE	E. STE 422, HIALEAH, FL 33012	
	address (if different): 15275 COLLIER BI	LVD. #201-178 NAPLES, FL 34119	
			7108
4. Date of incoη	poration/qualification: 03/22/2018	Document number: 1100002	
	d street address of the current registered a rtment of State: (If resigned, enter resign	•	h the
	JUAN ROBERTO TORRES JIMENEZ		
	1275 WEST 47TH PLACE STE 422		
	HIALEAH, FL 33012		
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered off	
	HECTOR CARO		
	11510 SW 7 ST		2021 HAY 27 PH
	P.O. Bo	x NOT acceptable	6章
	MIAMI, FL 33174	<u> </u>	
The street addre	ess of its registered office and the street be identical.	address of the business office of its	بې registered agont,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so
L'E	rsy Olivers.	JIPSY OLIVEROS - COO	
$\nu$	re of an officer or director	Printed or typed name and titl	e
I further agree to of my duties, an document is bei	the appointment as registered agent ar to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb	plete performance 'agent. Or, if this y confirm that the
Heil	os. (eyo	05/20/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ту	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (04/13)