

FILED
2023 APR 12 AM 9:34
ST. LOUIS MO
U.S. DISTRICT COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Real Healing Inc.

DOCUMENT NUMBER: P20000002139

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gara Steinfeld
Name of Contact Person
Real Healing Inc.
Firm/ Company
550 SE 6th AVE, 200 suite H2
Address
Delray Beach, FL 33483
City/ State and Zip Code
Gara.DSteinfeld@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gara Steinfeld at (561) 3029294
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:



\$35 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment

to

Articles of Incorporation

of

Real Healing Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000002139

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Real Healing Counseling INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

550 SE 6th Ave

Delray Beach, FL

33483

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

550 SE 6th Ave

200 suite H12

Delray Beach, FL 33483

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

NA