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(((H21000100564 3)))



H210001005643ABCT

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email:	Addrage			

REGISTERED AGENT CHANGE HEALING ARTS MINDFUL MASSAGE P.A.

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Help

To: 18506176383

Tallahassee, FL 32301

COVER LETTER

TO: Amer Divis	ndment Section sion of Corporations	
F110 112 CT	HEALING ARTS MINDFUL MASSAGE P.A.	
SUBJECT:_	Name of Corpora	ation
DOCUMEN	P2000095002 T NUMBER:	
The enclosed	Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
	all correspondence concerning this matter to th	
	CHEYENNE MOSELEY	
	Name of Contact I	Person
	LEGALZOOM.COM, INC.	
	Firm/Compar	ny .
	101 N BRAND BLVD., 11TH FLOOR	
	Address	
	GLENDALE, CA 91203	
	City/State and Zip	Code
	triciamartinImt@yahoo.com	
	E-mail address: (to be used for future	annual report notification)
For further in	nformation concerning this matter, please call:	770 0000
CHEYENN	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	a \$35.00 check made payable to the Department	t of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

To: 18506176383

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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	607.0502, 617.0502, 607.1508, a corporation organized under the red office or registered agent, or	ne laws of the State of Florida	
1. The name of the corporation: HEAI	ING ARTS MINDFUL MASS	SAGE P.A.	
2. The principal office address: 401 2 WEST PALM BEACH, FL 3340	7TH STREET		
3. The mailing address (if different):_			
4. Date of incorporation/qualification	. 12/03/2020 Docum	nent number: P20000095002	
5. The name and street address of the Florida Department of State: (If res	current registered agent and regi	istered office on file with the	
MARTIN, PATRIC			
401 27TH STREE	т		
WEST PALM BEA	CH, FL 33407		
6. The name and street address of the (if changed): UNITED STATES	new registered agent (if changed		
5575 S. Semoran	Blvd. Suite 36		
O. I	P.O. Box NO Facceptable		
Orlando, FL 3282			
The street address of its registered of as changed will be identical.	ffice and the street address of th	he business office of its registered agent,	
Such change was authorized by reso authorized by the board, or the corporation	lution duly adopted by its board oration has been notified in writ	d of directors or by an officer so ting of the change.	
I hereby accept the appointment as I further acree to comply with the p.	registered agent and agree to ac rovisions of all statutes relative familiar with and accept the ob- faled merely to reflect a change	to the proper and complete pligation of my position as registered in the registered office address, I this change.	
Signature of Registered Agent		Date	
If signing on behalf of an entity:			
CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BE CORPORATION AGENTS, INC. Typed or Printed Name	HALF OF UNITED STATES		

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