

P21000102253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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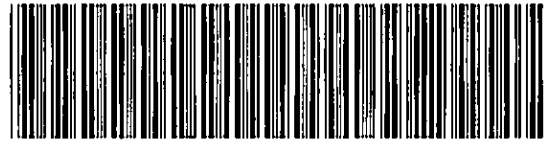
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Branches of Healing & Empowerment Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P21000102253

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jennifer Peters

(Name of Person)

MyCompanyWorks, Inc.

(Name of Firm/Company)

187 E. Warm Springs Rd., Suite B

(Address)

Las Vegas, NV 89119

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Peters

(Name of Person)

at (702) 362-2677

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2023 JAN 23 AM 11:20
FILE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Registered Agent Solutions, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Branches of Healing & Empowerment Center, Inc.

(Name of Corporation)

P21000102253

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Jennifer Peters
(Signature of Resigning Agent)

If signing on behalf of an entity:

Jennifer Peters

(Typed or Printed Name)

Assistant Secretary of Registered Agent Solutions, Inc.

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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