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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healing Touch Skin Care Services, Inc
Name of Corporation

DOCUMENT NUMBER: 59-3600491

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:

Lori Adkins

Name of Contact Person

Healing Touch Skin Care Services, Inc

Firm/Company

15765 US Hwy 41

Address

Spring Hill FL 34610

City/State and Zip Code

Healingtouchlandolakes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori S Adkins

Name of Contact Person

at (813) 909-7376
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

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

1. The name of the corporation: Healing Touch Skin Care Services, Inc
2. The principal office address: 15765 US Hwy 41, Spring Hill, FL 34610
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: Sept 1999 Document number: 59-3600491
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)

Lori S Ellis

15765 US Hwy 41

Spring Hill, FL 34610

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

Lori S Adkins

15765 US Hwy 41

P.O. Box NOT acceptable

Spring Hill, FL 34610

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.

Lori S Ellis
Signature of an officer or director

Lori S Ellis President

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.

Lori S Adkins
Signature of Registered Agent

08/04/2023

Date

If signing on behalf of an entity:

Lori S Adkins

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 (04/13)

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23 AUG -9 PM 12:38
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA