

ND5000010469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

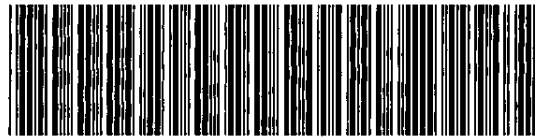
(Business Entity Name)

(Document Number)

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Teevis  
10-5-10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healing Foundation of America Inc  
Name of Corporation

**DOCUMENT NUMBER:** N05000010469

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:

William H Higgins  
Name of Contact Person

Healing Foundation of America Inc  
Firm/Company

2100 W New Hope Rd #803  
Address

Rogers, AR 72758  
City/State and Zip Code

whiggins3@cox.net  
E-mail address: (to be used for future annual report notification)

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10 SEP 22 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William H Higgins at ( 918 ) 232-8150  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2010

WILLIAM H. HIGGINS  
HEALING FOUNDATION OF AMERICA, INC.  
2100 W. NEW HOPE ROAD, #803  
ROGERS, AR 72758

SUBJECT: HEALING FOUNDATION OF AMERICA, INC.  
Ref. Number: N05000010469

We have received your document for HEALING FOUNDATION OF AMERICA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 610A00022586

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**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 Foundation of America Inc

2. The principal office address: 2100 W New Hope Rd #803  
Rogers, AR 72758

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/10/2005 Document number: N05000010469

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)

CORPORATION SERVICE COMPANY  
1201 HAYES ST.  
TALLAHASSEE FL 32301

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

Ashlea Jensen  
5717 Pin Oak Avenue  
P.O. Box NOT acceptable  
Milton, FL 32583

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TALLAHASSEE, FLORIDA

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.

William H. Higgins  
Signature of an officer or director

William H Higgins  
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.*

x Ashlea Jensen  
Signature of Registered Agent

x 9-17-10  
Date

If signing on behalf of an entity:  
N/A  
Typed or Printed Name

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