## 648499

(Requi	estor's Name)	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

8581V

## **COVER LETTER**

Amendment Section

TO:

Divisio	on of Corporations	
SUBJECT:	JAMES A.HELINGER JR. P.A.	
SUBJECT:	Name of Corpo	pration
DOCUMENT	NUMBER: 648499	
The enclosed St	tatement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to	the following:
	JAMES A.HELINGER JR.	
	Name of Contac	t Person
	JAMES A.HELINGER JR. I	
	Firm/Comp	any
	4756 Central Avenue	
	Address	
	ST. Petersburg, Florid	da 33711
	City/State and Z	ip Code
	E-mail address: (to be used for future	e annual report notification)
For further info	rmation concerning this matter, please call:	
JAMES A. HE	ELINGER JR.	t ( 727 ) 328-7100
	Name of Contact Person	t ( <u>727</u> ) <u>328-7100</u> Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departmen	nt of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## \$TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of secunge is submitted or to change its re	for a co.	rporation o	rganized un	der the	e laws of the S	State of _	Florida		-
	he corporation:		A.HELI				nate of 11	oriuu.		
	office address:					Petersbu	rg, Fl	orida (	33711	
3. The mailing a	ddress (if differe	nt):								
4. Date of incorp	ooration/qualifica	tion:	12/10/7	9	Oocum	ent number: _	648	499		
	street address of state: (I				d regis	tered office o	n file wit	h the		
	James A.He	linger	Jr.				<u>-</u>	_		
	814 Chestn	ut Str	eet							
	Clearwater	, Flor	rida 337	56		1/		TA	_	
6. The name and (if changed):	James 2	A.Heli entral	nger Jr . Avenue	•	····	aliu voi regis		TARY OF STATE ASSEE FLORIDA	17 14 AM 11: 36	
The street addre	ess of its register be identical.	ed offic	e and the st	reet addres	s of th	e business of	fice of its	s register	ed ager	nt,
Such change wa										
I hereby accept I further agree to of my duties, an document is being corporation mas	e of an other or direct	as regine provi	stered ager sions of all l accept the t a change	at and agre statutes re obligatior in the regis	e 10 00	Printed or typed	name and tit	یار.	<u> (</u>	ice his he

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