## M81159

(Requestor's Name)	
(Address)	
(Address)	
(Cit. (Cit.) (Cit.) (Cit.)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Cartifical Capital	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
<u> </u>	





100304022251

10/02/17--01624--023 \*\*35.66

201 OCT -2 AM 10: 19

OCT 0 1 2017 OMENAIR

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Heichel Plumbing Inc

Name of Corporation

DOCUMENT NUMBER: M81159

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 Heichel

Name of Contact Person

Heichel Plumbing Inc

Firm/Company

647 Business Park Blvd

Address

Winter Garden, FL 34787

City/State and Zip Code

Diana@HeichelPlumbing.com

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

For further information concerning this matter, please call:

William Heichel

...407

656-7073

NOCT-2 NOTIFIED

Name of Contact Person

Area Code & Davtime 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
Tallahassec, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0.	,
statement of change is submitted for a corporation organization organization in order to change its registered office or regi	
1. The name of the corporation: Heichel Plumbin	g Inc
2. The principal office address: 647 Business Pa	ark Blvd Winter Garden, FL 34787
3. The mailing address (if different): Same	
	<del></del>
4. Date of incorporation/qualification: 5-13-18	Document number: M81159
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig	
Ruff, Mark H., Esq - The Law C	Offices of Mark H. Ruff, P.A.
630 N Wymore Rd 330	
Maitland, FL 32751	
6. The name and street address of the new registered ag (if changed):  647 Business Park Blvd  P.O. Box NO  Winter Garden, FL 34787	gent (if changed) and /or registered office
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been in	
Will	William Heichel
Signature of an officer or director  I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	ntutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
Signature of Registered Agent	09/27/2017
If signing on behalf of an entity:	
Willia- Heichel Typed or Printed Name	
* * * FILING F	 EE: \$35.00 * * *

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