

PO1000032923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800043603118

12/27/04--01051--002 \*\*35.00

FILED  
04 DEC 27 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

*dis*

G. Condit JAN 04 2005

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TOTAL Impact Services, Inc  
(Name of corporation)

DOCUMENT NUMBER: P01000032923

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:

Scott Heilpern  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

16256 83RD Place North  
(Address)

LOXAHATCHEE, FL 33470  
(City/state and zip code)

For further information concerning this matter, please call:

Scott Heilpern at (561) 784-9122  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314