

P060000141780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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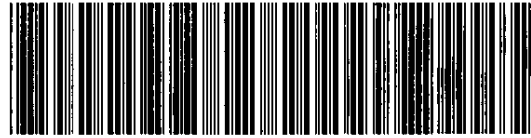
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

7A + PG
PG
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOHN M. HEINRICH, P.A.
Name of Corporation

DOCUMENT NUMBER: P06000141780

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:

JOHN M. HEINRICH
Name of Contact Person

JOHN M. HEINRICH, P.A.
Firm/Company

640 NW 28TH STREET
Address

WILTON MANORS, FLORIDA, 33311
City/State and Zip Code

JOHN@JHEINRICH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M. HEINRICH, P.A. at (954) 520-1968
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

July 23, 2010

JOHN M. HEINRICH
JOHN M. HEINRICH, P.A.
640 NW 28TH STREET
WILTON MANORS, FL 33311

SUBJECT: JOHN M. HEINRICH, P. A.
Ref. Number: P06000141780

We have received your document for JOHN M. HEINRICH, P. A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00017874

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: JOHN M. HEINRICH, P.A.
2. The principal office address: 640 NW 28TH STREET, WILTON MANORS, FLORIDA, 33311
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/09/2006 Document number: P06000141780
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)

JOHN M. HEINRICH, P.A.

2691 SE 15TH STREET

POMPANO BEACH, FL 33062

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

JOHN M. HEINRICH

640 NW 28TH STREET


P.O. Box NOT acceptable

WILTON MANORS, FL 33311

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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.



Signature of an officer or director

JOHN M. HEINRICH, P.A.

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.



Signature of Registered Agent

July 29, 2010

Date

If signing on behalf of an entity:

John M. Heinrich

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 (8/05)