## P12000/02 745

(Requestor's Name)
(Address)
, (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunia dia Estita Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
PAULD HENCED III GAVE AUTHONIZATION BY PHONE TO COMMECT DAY # + RANDOM DATE 8-21, - 2013 DOC. EXAM T. CAX-66

Office Use Only



400250662634

08/22/13--01018---007 \*\*35.00

TALLAHASSER FLORID

X8/26

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Paul D. Heidrich III, D.M.D., P.A.
DOCUMENT NUMBER: \$12000 102745
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:
Paul D. Heidrich III  Name of Contact Person
Paul D. Heidrich III, D.M.D., P.A.
1950 Mizell Ave.
Winter Park FL 32792 City/State and Zip Code
Ski ppdh @ qmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Paul D. Heidvich III. 407 718-6652
Paul D. Heidrich III at (407) 718-6652  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

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

-	provisions of section nge is submitted for							la	
	r to change its regist								
1. The name of the	he corporation:	Paul	0.	Heidr	ich I	I D	M.O.	<del>'}</del>	P.1
2. The principal	office address:	1950	Mizell	Ave.	Winter	Park,	FL 3	327	92
3. The mailing ac	ddress (if different):								
4. Date of incorp	ooration/qualification	n: 12/31	/12	Document r	number:	P120	100	02	74
	street address of the tment of State: (If re			nd registere	d office on	file with t	he		
	Corpora: 2711 Wilm	tion s centervillington	e Roa	P	•	ef	13 AU5		S C C C C C C C C C C C C C C C C C C C
6. The name and (if changed):	street address of the	Paul D.  ) Mize P.O. Bo	Heid	lrich I	<u> </u>	ered office	72 111	30 04 1:11	TARY OF STATE
The street addre	ss of its registered of be identical.	office and the s	street addres	s of the bus	siness offic	e of its re	gistered a	agent,	
Signatur I hereby accept I further agree to performance of to agent. Or, if this hereby confirm to	s authorized by rescrete board, or the corporation of the corporation of the appointment as o comply with the part of duties, and I am s document is being that the corporation of Registered Agent	registered oge	ent and agree	Printe e to act in I lative to the he obligati hange in the ng of this c	N. Hedd d or typed name	e and title  ty,  and complete  osition as  a office an	10 v		₹
If signing on bel	nalf of an entity:								
Ту	ped or Printed Name								

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