P13000006099

(R€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600249833756

07/18/13--01015--008 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Padma Hinrichs, P.A.

Name of Corporation

OCHMENT NUMBER. P13000006099

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:

Padma Hinrichs

Name of Contact Person

Padma Hinrichs, P.A.

Firm/Company

205 Worth Avenue, Suite 319

Address

Palm Beach, FL 33480

City/State and Zip Code

PGH@HinrichsLaw.com

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

For further information concerning this matter, please call:

Padma Hinrichs

_{...}561 \328-3437

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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State of the	f Florida	
	<i>S C M</i>	registered agent, or both, in the State o hs P A	j rioriaa.	
1. The name of t	the corporation: Padma Hinrich	enue, Suite 319, Palm Beach	 า. FL 33480	
2. The principal	office address:	,	.,	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 1/17/201	3 Document number: P130	00006099	
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the	
	Padma Hinrichs		_	
	1655 Palm Beach Lakes	Blvd., Suite 503		
	West Palm Beach, FL 33	3401	_	
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered	2013 JUL 18	•
	Padma Hinrichs		60	ר וז
	205 Worth Avenue, Suite	e 319		17
	P.O. Box NOT acceptable		PM 1:1	
	Palm Beach, FL 33480		_	
The street addre as changed will	ess of its registered office and the s be identical.	street address of the business office of	its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by a en notified in writing of the change.	in officer so	
	duranticer Hungello	Padma Hinrichs, Presi		
I hereby accept I further agree	the appointment as registered age	ent and agree to act in this capacity, il statutes relative to the proper and c and accept the obligation of my positi o reflect a change in the registered of ified in writing of this change.	omplete	
- Tadu	nature of Registered Agent	July 16, 2013		
_	chalf of an entity:			
Padma Hin	richs, P.A.			
T	Typed or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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