

P14000011185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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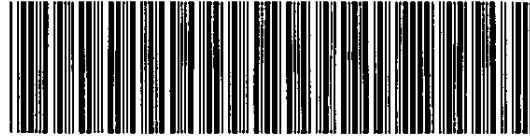
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
AUG 15 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: William Hecker PA
Name of Corporation

DOCUMENT NUMBER: P 140000 11185

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 Hecker
Name of Contact Person

William Hecker PA
Firm/Company

9900 SAMPLE Road # 300
Address

CORAL SPRINGS FL 33065
City/State and Zip Code

billhse11s@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hecker at (305) 632-0105
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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: William Heckee PA
2. The principal office address: 9900 W SAMPLE Road #300
CORAL SPRINGS FL 33065
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/5/2014 Document number: P14000011185

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)

CORPORATION Service Company
1201 HAYS ST
TALLAHASSEE FL 32301

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

William Heckee
9900 W Sample Road #300
P.O. Box NOT acceptable
CORAL SPRINGS FL 33065

FILED
DIVISION OF CORPORATIONS
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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.

William E Heckee
Signature of an officer or director

William
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.

William E Heckee
Signature of Registered Agent

August 4, 2014
Date

If signing on behalf of an entity:

William E Heckee
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