## P15000012251

(Re	questor's Name)	
(Ad	ldress)	
	I-l	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(5)		
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



000275482700

08/06/15--01009--014 \*\*35.00



AUG 07 2015

## COVER LETTER

	ndment Section ion of Corporations	
SUBJECT:_	Joshuf HEILMA Name of Cor	N, PA poration
DOCUMENT	TNUMBER: P150000 1225	1
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter t	o the following:
	Joshua He	lman
	Name of Conta	act Person
	Joshua Hei	LMAN, PA
	Firm/Con	прапу
	395 Riversi	de Dr.
	Addre	SS
	Polm Beach Gar	dens, FL 33410
	City/State and	<u> </u>
	E-mail address: (to be used for fut	ure annual report notification)
For further in	formation concerning this matter, please ca	11:
Josh	ua Heilman	al (561 ) 246-1704
	Name of Contact Person	at (561) 246-1704 Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Pursuant to the prov	-					//	
statement of change			-		= =		_
	•			0	oth, in the State of	Florida.	
1. The name of the o	, corporation:_	J05	hua Heilm	uan, PA			
2. The principal offi	ce address:	395	Riverside	Drive	Palm Beach	Gardens, 1	FL
		33410				· <del>_</del> -	<del></del>
3. The mailing addre	ess (if differe	ent):	Sawo –				
4. Date of incorpora	tion/qualifica	ation: 2	5 2015	Documen	t number: P15	0000 1225	1
5. The name and stre Florida Departme					ered office on file v	with the	
	The	Comp	day Corpo	ration	Corporation	u Service	Company
	2711	Center	rville Rd.		1201 Hay	ies St	
			DE 198	115	Tallahasse	, FL 32	301
6. The name and stre (if changed):	eet address o	f the new	registered agent	(if changed) a	and /or registered o	office 5	,
		Joshua	· Heilman			NG	10 185
	3	195 R	verside Dr P.O. Box NOT ac	•		0	
					lı A	J. S.	5
	Pa	alm Bea	ch Gardens,	FL 339	10	- = =	
The street address of as changed will be	of its register identical.	ed office	and the street ad	ldress of the l	ousiness office of	its registered ag	gent,
Such change was at authorized by the be						officer so	
Signature of	an officer or dire	ctor		Joshua D	Heilman, Pres	ident	
I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that	appointment omply with to duties, and I ocument is b t the corpora	t as regist he provist am famil eing filed ttion has t					
- 6 D	AZ	<del></del>	-	8/	1/2015		
Signatur	e of Registered A	gent	_	•	Date		_
If signing on behalf	of an entity:	:					
m. I	DEC-1181						
i yped	or Printed Name						

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