P15000094963

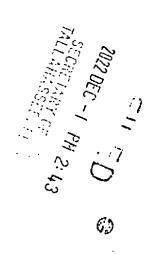
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300398244843

12.01.21--01017 -011 *+35.05



COVER LETTER

TO:

TO: Amendment Section Division of Corporations	•
HEIDI A HILLYER PA SUBJECT: Name of Corporation	·
DOCUMENT NUMBER: P15000094963	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
HEIDLA HILLYER	
Name of Contact Person HEIDLA HILLYER PA	
Firm/Company 12001 RESEARCH PKWY, STE 236	
Address ORLANDO, FL 32826	
City/State and Zip Code heidi@heidihillyer.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
HEIDI A HILLYER	at (636-8300
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

statement of char	ige is submitted for a corporati	617,0502, 607,1508, or 617,1508, Florida Statutes, this on organized under the laws of the State of FLORIDA	
in order	to change its registered office (HEIDLA HILL)	or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation:		
2. The principal of	office address:	CH PKWY, STE 236, ORLANDO, FL 32826	
3. The mailing ac	Idress (if different):		<u> </u>
4. Date of incorpo	oration/qualification:01/01/20	16 P15000094963 Document number:	
	street address of the current reg ment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	HEIDI A HILLYER		
•	1306 TOWN PLAZA CT	51	
	WINTER SPRINGS, FL 32708	SECRE ALLEAN	3 3
6. The name and (if changed):		ered agent (if changed) and /or registered office	77
-	12001 RESEARCH PKWY, STI	PH 2: 44	O
	ORLANDO, Fl. 32826	P.O. Box NOT acceptable	69
The street addres as changed will I	ss of its registered office and the identical.	he street address of the business office of its registered ag	gent,
Such change was authorized by the	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Huge	a.du,	Heidi A. Hillyer, President	
Signature	of an other or director	Printed or typed name and title	
I further agree to of my duties, and document is bein	he appointment as registered a comply with the provisions of l I am familiar with and accep of filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity. I all statutes relative to the proper and complete perform It the obligation of my position as registered agent. Or, if age in the registered office address, I hereby confirm that I change.	ance f this t the
1/	6. 1/2 2	11/28/2022	
Sign	ature of Registered Agent	Date	_
If signing on beh	alf of an entity:		
Heidi A. Hillyer			
Typ	ped or Printed Name	_	

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