P070000 6335

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





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04/23/25--01022--009 **35.00



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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Law Office of James Dongs, P.A. 2. The principal office address: 239 E. 4th Street Panama City, FL 32401
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/06/07 Document number: Po 700016335
 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)
Jeff Carter
475 Horrison Are., 202
Panama City, FL 32401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joe Turner
748 Jenks Ave.
P.O. Box NOT acceptable Panama City, FL 32401
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. Signature of an officer or director 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.
95 4/11/25
Signature of Registered Agent / Date
If signing on behalf of an entity: Joseph E Tune 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

CR2E045 (04/13)

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Law Office of James Dougs, P.A. Name of Corporation		
DOCUMENT NUMBER: P0700016335		
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:		
Name of Contact Person		
Name of Contact Person		
Name of Contact Person Law Office of James Dowyl P.A. Firm/Company 239 E. 4th Street Address Parlarne City/State and Zip Code		
2-39 E 4th Street		
Address		
Davisona City Fl 32401		
City/State and Zip Code		
12102102102		
E-mail address: (to be used for future annual report notification)		
E-mail address. (to be used for future aimual report notification)		
For further information concerning this matter, please call:		
•		
James Dowgul	at (850) 763-0900 Area Code & Daytime Telephone Number	
Name of Contact Person	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	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)