

P 140000 90122

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TOLSON ASSOCIATES

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WIJG Holdings Inc.
Name of Corporation

DOCUMENT NUMBER: P14000090122

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:

Adam Edgcombe
Name of Contact Person

Timerson Bitt
Firm/Company

Wells Fargo Center, One Independent Drive Suite 1400
Address

Jacksonville FL, 32202
City/State and Zip Code

Jmc0903@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Cunningham at 615 969-1292
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

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

- 1. The name of the corporation: WJTW Holdings, Inc.
- 2. The principal office address: Wells Fargo Center, One Independent Drive Suite 1400 Jacksonville FL 32202
- 3. The mailing address (if different): Jeff Cunningham 415 Church St. 1301 Nashville TN 37219
- 4. Date of incorporation/qualification: 11/04/14 Document number: P14000090122
- 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)

Resigned

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

Adam Edgcombe / Director Birt ✓
Wells Fargo Center, One Independent Drive Suite 1400
P.O. Box NOT acceptable
Jacksonville FL 32202

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] Jeff Cunningham P
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. (If this document is being filed merely to effect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.)

[Signature] 6.19.19
Signature of Registered Agent Date

If signing on behalf of an entity:

ADAM EDGECOMBE
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

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