## 264649

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
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NILIAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wither & Co. (Name of corporation)
DOCUMENT NUMBER: 264649
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:
ROSS WILT (Name of person)
Wither & Co. (Name of firm/company)
5999 Central Ave, 4th FLOOR (Address)
ST PETERSBURG FL 337/0 (City/state and zip code)
For further information concerning this matter, please call:
Tross Wilt at (727) 384-3000 (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 409 E. Gaines Street Tallahassee, FL 32399

## 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, the change is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Wither & Co.  2. The principal office address: 5999 Central Ave, 4th FLOOR  ST PETERSBURG, FL 33710	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/19/62 Document number: 26464	9
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
5999 Central Ave, 4th FLOOR ST PETERSBURG, FL 33710	04 APR 23
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ROSS WILT  S999 Central Ave, 4th Floor  (P.O. Box or personal mailbox NOT acceptable)	PH 12: 50 E. FLORIDA
The street address of its registered office and the street address of the business office of its registere changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so 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 of 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 per duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation of this change.	authorized by
(Signature of Registered Agent)  If signing on behalf of an entity:  Rest Wilt Registered Name)  (Canacity)	)T

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