264649

Wither Comp.
P.O. Box 11629
St. Petersturg, The 33733-16.
(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



300015444743

04/10/03--01062--017 **35.00

TILED

33 APR 10 AM 10: 04

15 CAHASSE F STAL

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
FLORIDA in order 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: 264649
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
A PR
5999 Central Ave, 4th FLOOR
ST. PETERSBURG FC 33710
6. The name and street address of the new registered agent (if changed) and /or registered office if changed):
Thomas B. Schultz
5999 Central Ave 4th FLOOR (P.O. Box or personal mailbox NOT acceptable)
ST. PETERSBURG, FL 33710
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, chairman of the board) THOMAS A. SCHULTZ - V. P. (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.
(Signature of Regulered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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