

555376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sclafani Williams Court Reporters, Inc.
Name of Corporation

DOCUMENT NUMBER: 555376

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:

Freida Sclafani Williams

Name of Contact Person

Sclafani Williams Court Reporters, Inc.

Firm/Company

402 South Kentucky Avenue, Suite 390

Address

Lakeland, Florida 33801

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Freida Sclafani Williams

Name of Contact Person

at (863) 688-5000

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

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: Sclafani Williams Court Reporters, Inc.
2. The principal office address: 402 South Kentucky Avenue, Suite 390, Lakeland, Florida 33801
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/14/1977 Document number: 555376

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)

W. Donald Cox, Esq.
501 East Kennedy Blvd., 17th Floor
Tampa, Florida 33602

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

W. Donald Cox, Esq.
5505 West Gray Street
Tampa, Florida 33609

P.O. Box NOT acceptable

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.

Freida Sclafani Williams Freida Sclafani Williams, DPTS
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.

W. Donald Cox
Signature of Registered Agent

9-3-2013
Date

If signing on behalf of an entity:

W. Donald Cox

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 (03/12)