Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE JAMES W. SEWALL COMPANY

Certificate of Status	0
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Help

C. GOLDEN

1/1

COVER LETTER

TO:

Amendment Section Division of Corporations

James W. Sewall Company
Name of Corporation

F01000002008

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

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

15129570210

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 mge is submitted for a corporation org r to change its registered office or reg	ganized under the la	rws of the State of	Maine	is
	the corporation: James W. Se office address: 136 CENTER			, ME 0	4468
3. The mailing a	ddress (if different): P.O. BOX	433 OLD T	OWN, ME	04468	
4. Date of incorp	poration/qualification: 4/13/200	1 Document	number: F010	000020	308
	street address of the current registere tment of State: (If resigned, enter resigned.)	gned) INC	ed office on file w	ith the	
	PLANTATION	ROAD FL	33324		240 pag 19
6. The name and (if changed):	Registered Agent So		-	fice	4:IIIW 615
	155 Office Plaza Dr P.O. Box N Tallahassee	C. Suite A			
Such change wa	ess of its registered office and the stre be identical. as authorized by resolution duly adop- ne board, or the corporation has been	ted by its board of	directors or by an		l agent,
151 Charle	•	Charles i		CFO	
I furthér agrée i performance of agent, Or, if the	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in tatutes relative to th d accept the obligat effect a change in t	this capacity. he proper and com tion of my position he registered offic	mlete	red I
<u> Moder</u>	mane of Registered Agent	12/19/20	19 Date		
If signing on be	half of an entity:				
Mackenzie F	lart - Assistant Secretary				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name