## F06000000847

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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2013 MAR -: 4 PM 12: 08 SECRETARY OF STATE, ALLAHASSEF, FINALE,

## **COVER LETTER**

Jay S. Williams & Associates, Inc.

TO:	Amendment Section			
	Division of Corporations			

SUBJECT:	Jay S. Williams & Associates, Inc.
	Name of Corporation
DOCUMENT N	UMBER: F06000000847
The enclosed Sta	tement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	JAY S. WILLIAMS PRESIDENT  Name of Contact Person  JAY S. WILLIAMS + ASSOCIATES INC.  Firm/Company  1921 W. WILSON STREET SHITE A 448  Address
	BATAVIA IL 6=5-10  City/State and Zip Code
	TSW 932@ EMAIL. COM  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAY S. WILLIAMS

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

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

. . .

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Standard	or <u>id</u> a	r ——-	
1. The name of	the corporation: Jay S. Williams & Associates, Inc.		<del></del>	
	office address: 1211 GOURT STREET 2021 BAYS 104			<u>-</u>
3. The mailing a	ATERFL 33756 MT DORA FL 327  address (if different): 1921 W WILSON ST., STE A 448  A IL 60510			<del>-</del> -
4. Date of incorp	poration/qualification: 02/09/2006 Document number: F060000	00847		
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)			
_	INCORPORATING SERVICES, LTD.			
	1540 Glenway Dr			
	Tallahassee, FL 32301	ALL A	M E102	enn yang
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	ETARY : HASSEE	2013 MAR -14 PH 12:	
	InCorp Services, Inc.		<b>P</b>	
	17888 67th Court North	SEE	2: 08	
	P.O. Box NOT acceptable Loxahatchee, FL 33470	<u>.</u>	æ	
The street address changed will	ess of its registered office and the street address of the business office of its r be identical.	egistered	agent,	•
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so		
V Ju	y S. William JAY S. WILLIAM	5 8	RESIG	16~2ブ
Signatu	re of an officer or director Printed or typed name and title	<del>/</del>		
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complemy duties, and I am familiar with and accept the obligation of my position a is document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change.	ete s register address, l	ŗed	
Done	February 25, 2013	3		
Sig	nature of Registered Agent Date			
If signing on be	chalf of an entity:			
Dionne Wad	dsworth on behalf of Incorp Services, Inc.			

\* \* \* FILING FEE: \$35.00 \* \* \*
CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

Typed or Printed Name