

F06377



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2006

WILLIAM JOHN ASSOCIATES INC.
P.O. BOX 941959
MAITLAND, FL 32794-1959

SUBJECT: WILLIAM JOHN ASSOCIATES INC.
Ref. Number: F06377

800077482158

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by August 25, 2006, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to insure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 006A00042279

RECEIVED
AM 8:00
CORPORATION

RO chg.
S

FILED
06 JUL 13 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAM JOHN ASSOCIATES INC.
(Name of Corporation)

DOCUMENT NUMBER: F06377

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:

JOHN DOUGLAS WALLACE
(Name of Contact Person)

WILLIAM JOHN ASSOCIATES INC.
(Firm/Company)

660 W. KENNEDY BLVD.
(Address)

ORLANDO, FL. 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN DOUGLAS WALLACE at (407) 257-1738
(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

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: WILLIAM JOHN ASSOCIATES INC.
2. The principal office address: 660 W. KENNEDY BLVD.
ORLANDO, FL. 32810
3. The mailing address (if different): P.O. BOX 941959 MAITLAND, FL. 32794-1959
4. Date of incorporation/qualification: JUNE 1980 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHN DOUGLAS WALLACE
660 W. KENNEDY BLVD.
ORLANDO, FL 32810

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

(P.O. Box NOT acceptable)

FILED
06 JUL 13 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

John Douglas Wallace
(Signature of an officer or director)

J. DOUGLAS WALLACE
(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.

John Douglas Wallace
(Signature of Registered Agent)

J. DOUGLAS WALLACE
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

No fee/60 day notice
to correct RA address
AD.