

FD 6377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

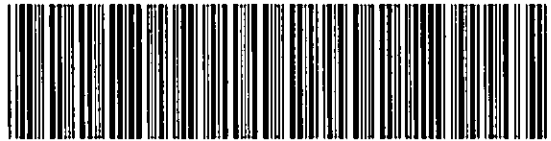
(Business Entity Name)

(Document Number)

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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:

J. Douglas Wallace
Name of Contact Person

William John Associates
Firm/Company

400 N. New York Ave. Ste 115
Address

Winter Park, FL 32789
City/State and Zip Code

dwall1738@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Taylor at (407) 521-1601
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 _____ 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: 400 N. New York Ave. Ste. 115
Winter Park, FL 32789

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1988 Document number: F06377

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)

Jeffrey M. Mansfield
400 N. New York Ave. Ste. 115
Winter Park, FL 32789

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

John D. Wallace
400 N. New York Ave. Ste. 115
Winter Park, FL 32789

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.

John D. Wallace
Signature of an officer or director

J. DOUGLAS WALLACE, PRESIDENT
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 D. Wallace
Signature of Registered Agent

4/11/2018
Date

If signing on behalf of an entity:

J. Douglas Wallace
Typed or Printed Name

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