

F120000001075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290660838

FILED
2016 SEP 30 AM 8:14
SECRETARY OF STATE
TULSA, OK

RA/Ro/chg

OCT -3 2016

I ALBRITTON

RECEIVED
2016 SEP 30 AM 11:51
NOT PROCEED
IF ADEQUATE
SUFFICIENCY OF FILING

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

9/30/2016
ACCT. I20160000072



Name:	Joan Wellman and Associates, Inc.
Document #:	F12000001075
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain: X
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOAN WELLMAN AND ASSOCIATES, INC.

Name of Corporation

DOCUMENT NUMBER: F12000001075

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:

Nancy A. Johnson

Name of Contact Person

IBM Systems and Technology Group, Legal

Firm/Company

71 S. Walker Drive, 20th Floor

Address

Chicago, IL 60606

City/State and Zip Code

najohns@us.ibm.com

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

For further information concerning this matter, please call:

C T Corporation System

855

637-1628

at ()

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

CR2E045 (03/12)

**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: JOAN WELLMAN AND ASSOCIATES, INC.
2. The principal office address: 7426 SE 27th Street, Mercer Island, WA 98040
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/12/12 Document number: F12000001075
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)

Registered Agency Solutions, Inc.

155 Office Plaza Drive

Tallahassee, FL 32301

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Marian J. Dillon
Signature of an officer or director

Marian J. Dillon, Vice Pres. & Asst. Secy.

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.

C T Corporation System

By:

Judith Argao
Signature of Registered Agent

09/13/16

Date

If signing on behalf of an entity:

Judith Argao
Vice President
and Assistant Secretary

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)