

F17000006250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

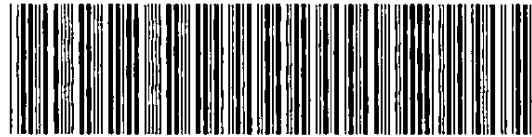
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 21 2017

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FILED
17 JUN 13 PM 5:27
CLERK OF SUPERIOR COURT
ALABAMA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D DANIELS AGENCY, INC.
Name of Corporation

DOCUMENT NUMBER: F17000000250

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:

HOPE ABRAMS

Name of Contact Person

W. R. RAMSEY & ASSOCIATES

Firm/Company

3201 SUMMIT SQUARE PL, STE 100

Address

LEXINGTON KY 40509-2644

City/State and Zip Code

HOPE@WRRAMSEYASSOC.COM

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

For further information concerning this matter, please call:

HOPE ABRAMS

Name of Contact Person

at (859) 268-0765

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 KENTUCKY
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: D DANIELS AGENCY, INC
2. The principal office address: 6751 BRIAR HILL RD 238A
LEXINGTON KY 40516-9721
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/17/2017 Document number: F17000000250
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)

TIMOTHY V LANCE

6317 DEVONHURST DR

JACKSONVILLE, FL 32258

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

TIMOTHY V LANCE

200 RIVERFRONT DR. D303

P.O. Box NOT acceptable

PALM COAST, FL 32137

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.

Donna R Daniels
Signature of an officer or director

Donna R Daniels , P
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.

Timothy V Lance
Signature of Registered Agent

5/23/17
Date

If signing on behalf of an entity:

TIMOTHY V LANCE

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)

FILED
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TALLAHASSEE, FLORIDA