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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Wise Services Inc. Name of Corpo	pration	
DOCUMENT NUMBER: <u>J9328</u>		
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Kenneth R. Wise Name of Contac	t Person	
Wise Services, Inc Firm/Comp	any	
Po Box 35846 Address		
Panama City FL Chy/State and Z	32412 ip Code	
Ken. Wise Wise Serv. E-mail address: (to be used for futur	re annual report notification)	
For further information concerning this matter, please call:		
Kenneth R. Wise a	t (850) 814 - 8003 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	Street Address: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

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: Wise Services, Inc.
2. The principal office address: 100 Everith Ave
Panama City FL 32401
3. The mailing address (if different): Po Box 35846
Panama City FL 32412
4. Date of incorporation/qualification: $9/22/987$ Document number: $79328/$
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 Kenneth R. Wise
Agent Address * LoloGS Lois St.
Change Panisma City FL 32404 PG 3
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):
Kenneth R Wise
albe composs Lake Dr
P.O. Box NOT acceptable
Alford Fr 32420
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.
Signature of an officer or director Signature of an officer or director Signature of an officer or director 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.
Signature of Registered Agent 5/31/2019 Date
If signing on behalf of an entity:
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