

5/5/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: billw@spm.net

LLC REGISTERED AGENT CHANGE  
WF LAWSON LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED

2021 MAY -5 PM 3:30

SECRETARY OF STATE

FILED  
21 MAY -5 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TCS/6/24

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WF Lawson, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Welden

\_\_\_\_\_  
Name of Person

SPM Property Management

\_\_\_\_\_  
Firm/Company

1103 Richard Arrington, Jr Blvd S

\_\_\_\_\_  
Address

Birmingham, AL 35205

\_\_\_\_\_  
City/State and Zip Code

billw@spm.net

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

For further information concerning this matter, please call:

Natalie Leiba-Paul

\_\_\_\_\_  
Name of Person

at ( 800 ) 277-9977

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: WF Lawson, LLC
2. (a) 1029 22nd Street South  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Birmingham, AL 35205
- (b) P.O. Box 55465  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Birmingham, AL 35255
3. April 9, 2021  
Date of filing/registration in Florida
4. L21000166437  
Document number
5. (a) URS Agents, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3458 Lakeshore Drive  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32312
- (b) NRAI Services, Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William B. Welden  
Signature of a member or authorized representative of a member

William B. Welden

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Natalie Leiba-Paul  
Signature of Registered Agent

Natalie Leiba-Paul - Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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