

POLLOLO MGG

(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



600400351016

01/17/23--01023--008 **35.00

2023 JAN 17 PM 5:39

7:11 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAM SCOTT CAMPBELL ARCHITECTS P.A.
Name of Corporation

DOCUMENT NUMBER: ~~XXXXXX~~^{WSC} P000000079066

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:

SCOTT CAMPBELL
Name of Contact Person

WILLIAM SCOTT CAMPBELL ARCHITECTS P.A.
Firm/Company

3 SEASHORE DRIVE
Address

PENSACOLA BEACH, FL 32562
City/State and Zip Code

WSC2@mchsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CAMPBELL at (850) 426-2559
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: WILLIAM SCOTT CAMPBELL ARCHITECTS P.A.
2. The principal office address: 3 SEASHORE DRIVE PENSACOLA BEACH, FL. 32561
3. The mailing address (if different): P.O. BOX 1558 GULF BREEZE, FL. 32562
4. Date of incorporation/qualification: 10/16/2003 Document number: P00000079066
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)

STEPHEN R. MOORHEAD (KT)
MOORHEAD LAW GROUP
127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL. 32502

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

SCOTT CAMPBELL
3 SEASHORE DRIVE
P.O. Box NOT acceptable
PENSACOLA BEACH, FL. 32561

2023 JAN 17 PM 5:35

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]
Signature of an officer or director

WILLIAM SCOTT CAMPBELL
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]
Signature of Registered Agent

JAN. 9, 2023
Date

If signing on behalf of an entity:

WILLIAM SCOTT CAMPBELL FOR WILLIAM SCOTT CAMPBELL
Typed or Printed Name ARCHITECTS P.A.

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