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MAY 18 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael J. Williams, Inc
Name of Corporation

DOCUMENT NUMBER: P01000040924

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:

Michael J. WIlliams
Name of Contact Person

Michael J. Williams, Inc.
Firm/Company

537 Old Oak Circle
Address

Palm Harbor, FL 34683
City/State and Zip Code

mw6290@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Williams at (727) 410-9988
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)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2018

MICHAEL J. WILLIAMS
MICHAEL J. WILLIAMS, INC.
537 OLD OAK CIRCLE
PALM HARBOR, FL 34683

SUBJECT: MICHAEL J. WILLIAMS, INC.
Ref. Number: P01000040924

We have received your document for MICHAEL J. WILLIAMS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A00009518

RECEIVED
18 MAY 17 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Michael J. Williams, Inc.

2. The principal office address: 537 Old Oak Circle, Palm Harbor, Fl 34683

3. The mailing address (if different):

4. Date of incorporation/qualification: 4-20-2001 Document number: P01000040924

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)

~~resigned~~ Robert F. Dimarco
220 N. Pine Ave Ste A.
Oldsmar, FL 34677

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TALLAHASSEE, FLORIDA

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

Michael J. Williams
537 Old Oak Circle
P.O. Box NOT acceptable
Palm Harbor, FL 34683

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 — Michael J. Williams, President (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 — 5/1/2018 (Date)

If signing on behalf of an entity:

Michael J. Williams
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)