

08/14/2020

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BOYER LAW FIRM, P.L.
Account Number : I20100000071
Phone : (904)236-5317
Fax Number : (904)371-3935

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

Email Address: office@boyerlawfirm.com

**REGISTERED AGENT CHANGE
WRITEAPRISONER.COM, INC.**

Certificate of Status	0
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Corporate Filing Menu

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((H20000279676 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WRITEAPRISONER.COM, INC
Name of Corporation

DOCUMENT NUMBER: P01000095925

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:

Francis M. Boyer

Name of Contact Person

Boyer Law Firm, P.L.

Firm/Company

9471 Baymeadows Rd. Suite 406

Address

Jacksonville, FL 32256

City/State and Zip Code

office@boyerlawfirm.com

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

For further information concerning this matter, please call:

Francis M. Boyer

Name of Contact Person

at (904) 236-5317

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

CR2E045 (04/13)

((H20000279676 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H20000279876 3)))

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: WRITEAPRISONER.COM
2. The principal office address: 2230 SILVER PALM DR
EDGEWATER, FL 32141
3. The mailing address (if different): P.O. Box 10, Edgewater, FL 32132
4. Date of incorporation/qualification: 10-01-2001 Document number: P01000095925
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)

LOVELL, ADAM

2230 SILVER PALM DR.

EDGEWATER, FL 32141

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

Boyer Law Firm, P.L.

9471 Baymeadows Rd. Suite 406

P.O. Box NOT acceptable

Jacksonville, FL 32256

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.

Adam Lovell
Signature of an officer or director

Adam Lovell Title 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.

F. Boyer
Signature of Registered Agent

8/12/2020
Date

If signing on behalf of an entity:

F. Boyer
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
CR2E015 (04/13)