

PO2000 108728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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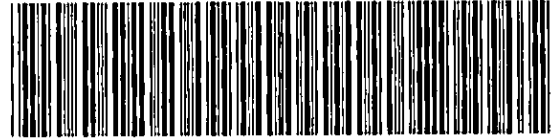
(Business Entity Name)

(Document Number)

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FEB 22 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Law Offices of AnnaKaye Williams, P.A.
Name of Corporation

DOCUMENT NUMBER: P02000108728

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:

AnnaKaye Williams

Name of Contact Person

Law Offices of AnnaKaye Williams, P.A.

Firm/Company

250 E Palm Dr, Suite 470

Address

Florida City, FL 33034

City/State and Zip Code

annakayewilliamslaw@gmail.com

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

For further information concerning this matter, please call:

AnnaKaye Williams

Name of Contact Person

at (305) 247-8725

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

**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: Law Offices of AnnaKaye Williams, P.A.
2. The principal office address: 250 E Palm Dr, Suite 470, Florida City, FL 33034
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/08/2002 Document number: P02000108728
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)

AnnaKaye P. Williams

201 SW 2nd Avenue, Suite 103

Florida City, FL 33034

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

AnnaKaye Williams

250 E Palm Dr, Suite 470

P.O. Box NOT acceptable

Florida City, FL 33034

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DATE 11/11/2019 BY 60322 UCBAW

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.

AK Williams
Signature of an officer or director

AnnaKaye 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.

AK Williams
Signature of Registered Agent

1/27/2020

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
CR2E045 (04/13)