

P03000083489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

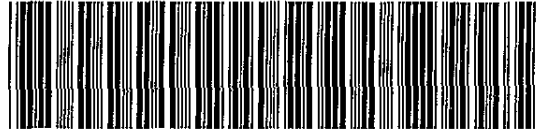
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Home Inspections by Williams, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO 3000083489

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 D Williams
(Name of Contact Person)

Home Inspections by Williams Inc
(Firm/Company)

682 Linville Falls Drive
(Address)

West Melbourne, FL 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D Williams at (321) 724-9570
(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

