2005 FOR PROFIT CORPORATION

FILED
May 02, 2005 8:00 am
Secretary of State
03-30-2005 90041 043 ***150.00

DOCUMENT # **P04000009580**

1. Entity Name
LAW SERVICES, INC.

66014259

Principal Place of Business	Mailing Address
6571 NE 21ST PLACE HIGH SPRINGS, FL 32643	6571 NE 21ST PLACE HIGH SPRINGS, FL 32643

2. Principal Place of Business	3. Mailing Address
5919 SW 40th street Suite, Apt. #, etc.	5919 SW 40th street Suite, Apt. #, etc.
City & State: Bell. FL	City & State: BELL FL
Zip: 32619 Country:	Zip: 32619 Country:

4. FEI Number: 412123625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A REGISTERED AGENT INC. **92 SADBERRY RD** **QUINCY, FL 32351**	Name: Joey B. Law Street Address (P.O. Box Number is Not Acceptable): 5919 SW 40th street City: Bell **FL** Zip Code: 32619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joey B. Law 3/28/05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LAW JOEY BLAIR 6571 NE 21ST PLACE HIGH SPRINGS, FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5919 SW 40th street Bell FL 32619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRADLEY AMANDA MARIE 6571 NE 21ST PLACE HIGH SPRINGS, FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAW MARTIN ACA PO BOX 351 LACROSSE, FL 32658	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Joey B. Law 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #