

P04000058329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 JAN 22 P 1:04
TALLAHASSEE, FLORIDA

JAN 23 2018

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J. Lawson Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000058329

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:

Julie Valenti
Name of Contact Person

J. Lawson Enterprises, Inc.
Firm/Company

DBA/
Equity Appraisal
Services

4600 Summerlin Rd
Address

Ste. C2-259
Fort Myers, FL 33919
City/State and Zip Code

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

For further information concerning this matter, please call:

Julie Valenti at (239) 878-9531
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: J. Lawson Enterprises, Inc.
2. The principal office address: 5981 Adele Ct, Fort Myers, FL 33919
3. The mailing address (if different): 4600 Summerlin Rd, Ste. C2-256
Fort Myers FL 33919
4. Date of incorporation/qualification: 03/04 Document number: PO4000058329
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)

Valenti, Julie Lawson
21 Falconwood Ct
Fort Myers, FL 33919

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

Valenti, Julie Lawson
5981 Adele Ct
Fort Myers, FL 33919

P.O. Box NOT acceptable

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.

Julie Valenti
Signature of an officer or director

Julie Valenti
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.

Julie Valenti
Signature of Registered Agent

01/16/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***