## P05000108158

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S. PRATHER

## **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations	
Clifford W. Milam, P.A.  SUBJECT: Name of Corporation	
DOCUMENT NUMBER: P05000108158	
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:
Clifford W Milam III	
Name of Contact Person Clifford W. Milam, P.A.	
Firm/Company 105 Seaboard Lane	<del></del>
Address Santa Rosa Beach, FL 32459	
City/State and Zip Code CliffMilam@outlook.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	olease call:
Clifford W Milam III	770 480-5777
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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted	d for a corporation of	rganized	7.1508, or 617.1508, F inder the laws of the St igent, or both, in the St	rate of Flo:	rida	<del></del>
The name of the co     The principal office	orporation:	Clifford W. Milam, P. 105 Seaboard Lane	A.				
2. The principal offic		Santa Rosa Beach, Fl.	L 32459				
3. The mailing addre	ss (if differ	ent):					
4. Date of incorporat	ion/qualific	08/03/2005 cation:		Document number:	05000108158		
Florida Departmer		(If resigned, enter res		and registered office on	i file with the		
<del></del>	3 Preserve I				<del></del>	÷	0.7
-	Miramar Beach, FL 32550					2024 JUL	
6. The name and stre (if changed):	et address o	of the new registered	agent (if	changed) and /or regist	ered office		17 Pii 6:
105	Seaboard L	ane				[ <del>-</del>	13
Sant	a Rosa Bea	P.o ch, F1. 32459	O. Box NOT	acceptable			
The street address o as changed will be is	f its registe dentical.	ered office and the st	treet addr	ess of the business offi	ce of its regist	tered ag	gent,
Such change was au authorized by the bo	thorized by ard, or the	y resolution duly add corporation has bee	opted by i	s board of directors of in writing of the chan	r by an officer	so	
Clifford W Milam III, President Signature of an officer or director  Printed or typed name and title							
I hereby accept the i	appointmen mply with a m familiar led merely	nt as registered agen the provisions of all with and accept the to reflect a change	statutes i e obligation in the reg	Printed or typed no ee to act in this capac elative to the proper a n of my position as re istered office address,	itv	perform t. Or. i irm tha	ance f this t the
Cuffa J W. Signature	of Registered	Agent	_	6 - 10 - 7	-4	<del> </del>	
If signing on behalf	of an entity	y:					
Clifford V	V - Mila.	n III, Clifton	ri W.N	ilam, P.A.			
		* * * FILING					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)