

PO5000165054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

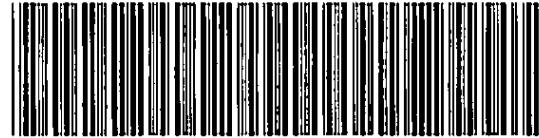
(Business Entity Name)

(Document Number)

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FILED
2021 JAN -4 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FL

11/02/20--01018--009 **25.00

01/13/21--01017--002 **10.00

O SIMMONS

JAN 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2020

KAREN LANE
10810 BOYETTE RD
#1743
RIVERVIEW, FL 33568

SUBJECT: DR E MICHAEL WILLIAMS AND ASSOCIATES, PA
Ref. Number: P05000165054

We have received your document for DR E MICHAEL WILLIAMS AND ASSOCIATES, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

The form you submitted is for a FLROIDA LLC, but your entity is a FLORIDA CORP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00025199

*oops
sorry
but thank
you*



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr E Michael Williams And Associates PA
Name of Corporation

DOCUMENT NUMBER: PD5000165054

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:

Karen M. Lane
Name of Contact Person

Dr E Michael Williams And Associates PA
Firm/Company

10810 Boyette Rd # 1743
Address

Riverview FL 33568
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Lane at (813) 784-6309
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Dr E Michad Williams and Associates PA
2. The principal office address: 10810 Boyette Rd #1743
Riverview FL 33568
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-20-05 Document number: P05000165054
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)

Mark C Serra
600 Bypass Drive #109
Clearwater FL 33764

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

Karen M Lane
10811 Johanna Ave
P.O. Box NOT acceptable
Riverview FL 33578

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.

Karen M Lane
Signature of an officer or director

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.

Karen M Lane
Signature of Registered Agent

12-29-2020
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)