

P08000036431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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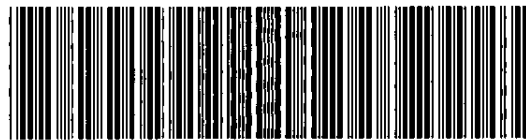
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

JBrown 10-11-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wilson's Settlement Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P 0 8 0000 364 31

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:

Grey Wilson / Secy / Treas  
Name of Contact Person

Wilson's Settlement Solutions, Inc  
Firm/Company

1200 Cinnamon Beach Way #1135  
Address

Palm Coast, FL 32137  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grey Wilson - Secy / Treas at (386) 283. 5337  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wilson's Settlement Solutions, Inc.

\* 2. The principal office address: 1200 Cinnamon Beach Way #1135  
Palm Coast, FL 32137

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/04/2008 Document number: P 08 0000 36431

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)

PATRICIA P WILSON  
6112 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1200 CINNAMON BEACH WAY #1135  
P.O. Box NOT acceptable  
PALM COAST, FL 32137

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.

Grey Wilson, Sec'y/Treas  
Signature of an officer or director

GREY WILSON Sec'y/Treas  
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.

Patricia P. Wilson, President  
Signature of Registered Agent

10.07.2011  
Date

If signing on behalf of an entity:

PATRICIA P. WILSON President  
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