## 1000041898

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Red	questor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	dress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	dress)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City	//State/Zip/Phon	e #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status	(Bus	siness Entity Na	me)
	(Doc	cument Number	)
Special instructions to Filing Officer:	Certified Copies	Certificate	s of Status
	Special instructions to F	Filing Officer:	







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SECRETARY OF STATE. ALLAHASSEE, FLORIDA

10 JAN -7 PH 12: 01

## **COVER LETTER**

TO: Amendment Division	ent Section of Corporations		
SUBJECT:	Wanda J. Cla	app. P.A.	
	Name of C	orporation	<del></del>
DOCUMENT N	UMBER: P09	000041898	
The enclosed Stat	ement of Change of Registered Offic	e/Agent and fee are subr	nitted for filing.
Please return all c	correspondence concerning this matter	to the following:	
	,		
	Wanda .	I. Clapp	•
	Wanda Name of Co.	ntact Person	,
		Clapp, P.A.	
	Firm/Co	ompany	
	814 Shadow	Lane, Ste. C	
	Add	ress	
		· _,	••
	Fort Walton Be	ach, FL 32547	
	Ony/otate at	ia Esp Code	
	wclapp@emb	arqmail.com	
	E-mail address: (to be used for f	uture annual report no	tification)
For further inform	nation concerning this matter, please o	call:	
	Wanda J. Clapp	850	862-1104
Na	ame of Contact Person	Area Code & Day	862-1104 viime Telephone Number
Enclosed is a \$35	.00 check made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section	Street Addres	<u>ss:</u>
		Amendment	
	Division of Corporations		Corporations
	P.O. Box 6327 Tallahassee FL 32314	Clifton Build	ling ive Center Circle

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid inge is submitted for a corporation organized under the laws of the State o or to change its registered office or registered agent, or both, in the State of	f Florida	
1. The name of	the corporation: Wanda J. Clapp, P.A.		
, ,	office address: 814 Shadow Lane, Ste. C		
	n Beach, FL 32547		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: May 11, 2009 Document number:	P09000041898	
	d street address of the current registered agent and registered office on file timent of State: (If resigned, enter resigned)	with the	
	Wanda J. Clapp	<u> </u>	
	209 Yacht Club Drive		
	Niceville, FL 32578		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	2010 JAN SECRETA	- 7
	Wanda J. Clapp		ALCEF HALDS
	814 Shadow Lane, Ste. C	_ PH	E ]
	P.O. Box NOT acceptable	17.	
The street addre	Fort Walton Beach, FL 32547 ess of its registered office and the street address of the business office of	一 意思 <b>足</b> f its registered agent,	
as changed will		an officer so	
authorized by the	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so	
I hereby accept I further agree of my duties, an document if bei corporation has	Wanda J. Clapp, Preserve of another or director  the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and confidence of the proper a	d title omplete performance	
	. Clapp, President/Owner yped or Printed Name		

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