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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TONY Williams INSURANCE AGENCY, INC. Name of Corporation			
DOCUMENT NUMBER: P120000321			
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:			
Toshva J. Williams Name of Contact Person			
TONY WILLIAMS INSURANCE AGENCY			
801 INTERNATIONAL PKLY, SHELL			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Toshua J. Williams at (407) 754-7223 Name of Contact Person at (407) 754-7223 Area Code & Daytime Telephone Number			
Name of Contact Person at (407) 754-7223 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
5			
Tallahassee, FL 32314 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: Tony Williams Insurance AGENCY
2. The principal office address: 801 INTERNATIONAL PRUY, 577 FZ
LAKE MALY, FL 32746
3. The mailing address (if different):
4. Date of incorporation/qualification: 0//01/2012 Document number: P12.000000 37
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)
NORMAN A. WILLIAMS
801 INTERNATIONAL PKWY, SAFE
LAKE MARY, FL 32746
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LTWA SCHECKE
160 INTERNATIONAL PKWY SUITE 250-4 P.O. Box NOT acceptable
LAKE MARY, FLORIDA 32746
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.
Joshu Williams 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.
09/10/18
Signature of Registered Agent Date
If signing on behalf of an entity:
Edna Sheffler Typed or Printed Name
· /kee or

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