## P13000008710

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TO LAW WE TRUST, P.A.  Name of Corporation
DOCUMENT NUMBER: Y 156000 68710
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:
Name of Contact Person  TO 10 1 10 5 PM
In LAW WE RUST, P.A.
2130 Mogan WITHAND Ca. ,#202
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person SQ. at 803 603-3461  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 HORAL in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Aw Ws Rost . A.		
2. The principal office address: 21 70 MORGAW WISHW LAWS		
UNIT 303, LARELAND, FL S3813		
3. The mailing address (if different): 6000 SOUTH FRONTON AUE		
P.O. BOX 7122, LAKELAND, FL 33807		
4. Date of incorporation/qualification: \$\frac{\begin{align*} 19 \langle 013 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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)		
JOHN DE GEROLAMO, ESB		
2130 MORCAN WITHING W.		
UNIT 202, LAKELANO, FL 33813		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
JOHN DEGMOLAMO, ESQ =		
2190 MORGAN WILLAND LO.		
P.O. Box NOT acceptable    August August 330/2		
Chut 303, LAMELAND, FL 33813		
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 darporation has been notified in writing of the change.		
SHN DEGROCAMO		
Signature of an efficer 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.		
8 H /1014		
Signature of Registered Agent Date		
If signing on behalf of an entity:		

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

Typed or Printed Name