# P130000010199

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P13000070199

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:

### **DENNIS WILLIAMS**

Name of Contact Person

#### **DENNIS J WILLLIAMS PA**

Firm/Company

#### 2109 J LAWSON BLVD

Address

#### ORLANDO FL 32824

City/State and Zip Code

#### DENNIS.WILLIAMS1@HOTMAIL.COM

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

For further information concerning this matter, please call:

DENNIS WILLIAMS

Name of Contact Person

Name of Contact Person

at (678 ) 964.0994

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

statement of change is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attornorganized under the laws of the State of FLORIDA are or registered agent, or both, in the State of Florida.
1. The name of the corporation: DENNIS J	
2. The principal office address 2109 J LAV	WSON BLVD ORLANDO FL 32824
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/23/	2013
5. The name and street address of the current r Florida Department of State: (If resigned, er	registered agent and registered office on file with the nter resigned)
CORPORATION SE	RVICE COMPANY
1201 HAYS STREET	Γ
TALLAHASSEE, FL	32301
6. The name and street address of the new regi (if changed):	stered agent (if changed) and /or registered office
DENNIS WILLIAMS	
2109 J LAWSON BLV	
ORLANDO FL 32824	P.O. Box NOT acceptable
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution du authorized by the board, on the corporation has	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
Signature of an oblicer or director	DENNIS WILLIAMS (OWNER)
I hereby accept the appaintment as registered	of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address. I
1010	07/03/2014
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	<u> </u>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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