P130000 98473

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Will Lawyer, P.A.

Name of Corporation

P1300098473

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:

William G. Kilpatrick, Jr.

Name of Contact Person

The Will Lawyer, P.A.

Firm/Company

3997 Commons Drive W, Suite G

Address

Destin, FL 32541

City/State and Zip Code

bill@thewilllawyer.com

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

For further information concerning this matter, please call:

William G. Kilpatrick, Jr.

,850 \650-73

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

statement of change is submitted for a corporation of	, ,	_
	registered agent, or both, in the State of Florida.	
1. The name of the corporation:		
2. The principal office address: 3997 Commor Destin, FL 32541	ns Drive W, Suite G	
3. The mailing address (if different): Same		
4. Date of incorporation/qualification: 12/10/20	13P13000098473	
5. The name and street address of the current registe Florida Department of State: (If resigned, enter resigned).	ered agent and registered office on file with the esigned)	
William G. Kilpatrick, Jr.		
4476 Legendary Drive, S	Suite 201	
Destin, FL 32541		
6. The name and street address of the new registered (if changed):	The state of the s	
William G. Kilpatrick	SECRETALL AHA	
3997 Commons Drive W	/est, Suite G	
	NOT acceptable	
Destin, FL 32541		
The street address of its registered office and the stras changed will be identical.	treet address of the business office of its registered ger	ıt,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.	
U. I. M.	William G. Kilpatrick, Jr./ Pres.	
Signature of an officer of director I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	Printed or typed name and title at and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered areflect a change in the registered office address, I led in writing of this change.	
Signature of Registred August	5-20-19	
Signature of Registered Agent If signing on behalf of an entity:	Date	
-		
Typed or Printed Name		
* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)