

PI5000017524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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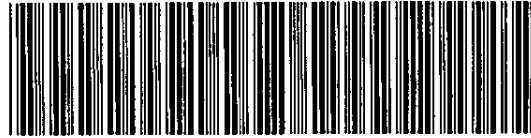
(Business Entity Name)

(Document Number)

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R. White

AUG 18 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wilson House Sober Living, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P15000017524

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:

Jennifer Williams  
Name of Contact Person

Wilson House Sober Living Inc  
Firm/Company

5 NE 44<sup>th</sup> St. Pompano Bch FL  
Address

Pompano Beach FL 33064  
City/State and Zip Code

blessedjennifer831@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Williams at ( 443 ) 810-11638  
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**

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: Wilson House Sober Living Inc  
2. The principal office address: 5 NE 44<sup>th</sup> Street Pompano Beach  
FL 33064  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/1/2015 Document number: P15000017524

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)

Business Filings Inc  
515 E Park ave  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):

Robert Monaco  
5 NE 44<sup>th</sup> st  
Pompano Bch FL 33064

P.O. Box NOT acceptable

TALLAHASSEE, FLORIDA

15 AUG 17 AM 9:08

11 PM

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.

Jennifer Williams  
Signature of an officer or director

Jennifer Williams  
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.

Robert Monaco  
Signature of Registered Agent

8/11/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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