

P18000100445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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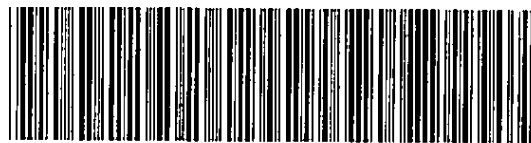
(Business Entity Name)

(Document Number)

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FILED
2019 SEP -6 AM 10:44
SEC. OF STATE
TALLAHASSEE, FL

SEP 16 2019
C. KIRBY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WWP CUSTOM DRYWALL, INC

Name of Corporation

DOCUMENT NUMBER: P18000100445

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:

WILLAM PONDER

Name of Contact Person

WWP CUSTOM DRYWALL, INC

Firm/Company

6915 ALPERT DRIVE

Address

ORLANDO, FL 32810

City/State and Zip Code

WPONDER7@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM PONDER

Name of Contact Person

at (407) 616-5671

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: WWP CUSTOM DRYWALL, INC
2. The principal office address: 6915 ALPERT DRIVE
ORLANDO, FL 32810
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2019 Document number: P18000100445
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)

TERRY KIRBY

1216 FOREST CIRCLE

ALTAMONTE SPRINGS, FL 32714

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

WILLIAM PONDER

6915 ALPERT DRIVE

P.O. Box NOT acceptable

ORLANDO, FL 32810

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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.


Signature of an officer or director

WILLIAM PONDER

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.


Signature of Registered Agent

08/31/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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