

P190000 56166

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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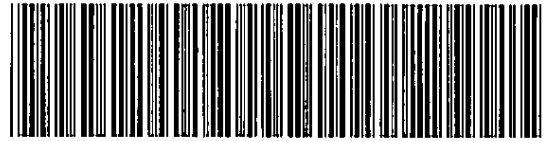
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wil Fran, Inc.
Name of Corporation

DOCUMENT NUMBER: P19 0000 56166

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:

Sarah E. Thacker
Name of Contact Person

Wil Fran, Inc.
Firm/Company

3555 Capland Ave.
Address

Clermont, FL 34711
City/State and Zip Code

sethacker2966@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah E. Thacker at (407) 718-3783
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303