

P21000047811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

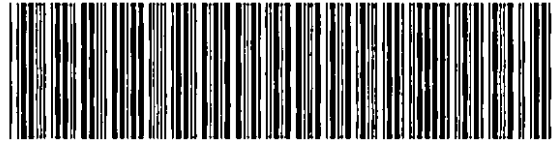
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WWLPA INC
Name of Corporation

DOCUMENT NUMBER: P21000047811

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:

JAMES POWELL

Name of Contact Person

WWLPA INC

Firm/Company

5492 LAMPIASI STREET

Address

SARASOTA FLORIDA 34238

City/State and Zip Code

j.leslie.powell@gmail.com

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

For further information concerning this matter, please call:

JAMES POWELL

Name of Contact Person

at (847) 459-1212 323 - 3317
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

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: WWLPA INC
2. The principal office address: 5492 LAMPIASI STREET
SARASOTA FLORIDA 34238
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 20 2021 Document number: P21000047811
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)
- JAY HUIE
225 E ROBUNSON STREET SUITE 570
ORLANDO FL 32801

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

JAMES L POWELL
5492 LAMPIASI STREET
SARASOTA FL 34238

P.O. Box NOT acceptable

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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.

X [Signature]
Signature of an officer or director

JAMES L POWELL Resident
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.

X [Signature]
Signature of Registered Agent

X 9/27/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)