P21000063205

(Requestor's Name)			
(Address)			
· ·			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

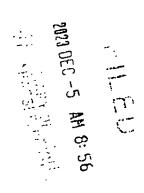
Office Use Only



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RA & RO Change

11/05/25--11022--019 ••35.00



A. RAMSEY DEC 28 2023

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: JWILSON CONSULTING, INC Name of Corporation	
DOCUMENT NUMBER: P21000063205	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JOSEPH R. WILSON	
Name of Contact Person	
JWILSON CONSULTING, INC	
Firm/Company	
JWILSON CONSULTING, INC	
Address	
124 ROYAL FERN WAY, SANTA ROSA BEACH	I, FL 32459
City/State and Zip Code	
JWILSONSEI@GMAIL.CO	M
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
JOSEPH WILSON	at (704)906-9313 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA red agent, or both, in the State of Florida.	
	the corporation: JWILSON CONSULTING	-	
	office address: 124 ROYAL FERN WAY,		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/08/2021	Document number: P21000063205	
5. The name and	d street address of the current registered agreement of State: (If resigned, enter resigned	gent and registered office on file with the	
	COMPANY SERVICES CORPORATION	(csc)	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301	* (if abanced) and (or majorand office	
6. The name and (if changed):	i street address of the new registered agen	t (if changed) and /or registered office	
	JOSEPH R. WILSON		
	124 ROYAL FERN WAY	·	
	P.O. Box	NOT acceptable	
	SANTA ROSA BEACH, FL 32459	·	
The street addresses changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change was	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
	MKWA	JOSEPH R. WILSON, CEO	
/ 7 /	e of an officer or director	Printed or typed name and title	
t nereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change.	t agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
	NK. IIA	01 NOV 2023	
Significant he	half of an entity:	Date	
Jase Tase	pph R, Wilsow		

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