

P94 0000 87292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

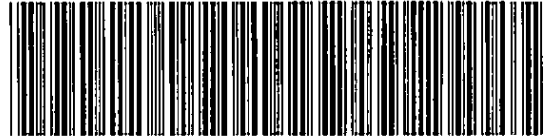
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. Wellington Barlow, Esquire and Associates, P.A.
Name of Corporation

DOCUMENT NUMBER: P94000087292

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:

A. Wellington Barlow

Name of Contact Person

A. Wellington Barlow, Esquire and Associates, P.A.

Firm/Company

P.O. Box 26098

Address

Jacksonville, FL

City/State and Zip Code

32226

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

For further information concerning this matter, please call:

A. Wellington Barlow

Name of Contact Person

at (904) 359-0011
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: A. Wellington Barlow, Esquire and Associates P.A.
2. The principal office address: 625 W. Union Street, Jacksonville, FL 32202
3. The mailing address (if different): Post Office Box 26098, Jacksonville, FL 32226
4. Date of incorporation/qualification: December 1, 1994 Document number: P94000087292
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)

A. Wellington Barlow

3450 Dunn Ave, Suite 305

Jacksonville, Fl 32218

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

A. Wellington Barlow

625 W. Union Street, Suite 1

P.O. Box NOT acceptable

Jacksonville, FL 32202

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.

A. Miller
Signature of an officer or director

Alvin Wellington Barlow

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

June 27, 2020

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)