

P94 0000 87292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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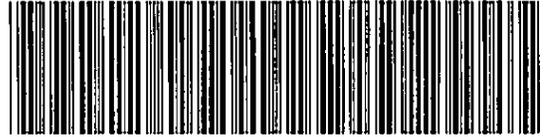
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COVER LETTER

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

