P99000003069

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations				6	
SUBJI		16 CAN 23 W 9: 29			
	Name of Corp	oration		53	
DOCL	JMENT NUMBER: P99000030	69		·	
The en	aclosed Statement of Change of Registered Office/A	gent and fee are	submitted for filing.	ح م	
Please	return all correspondence concerning this matter to	the following:			
,	Hugh Turbey	/ille			
	Name of Contac	et Person			
	Firm/Comp	anv			
P.O. Box 434					
	Address	S	F, -1		
	Lakeland, Florida	a 33803	}		
	City/State and 2	Zip Code			
	E-mail address: (to be used for futu	re annual repor	t notification)		
For fu	rther information concerning this matter, please call	• •			
Hu	gh Turbeville	at (863	640-6123		
•	Name of Contact Person		Daytime Telephone N	Vumber	
Enclos	sed is a \$35.00 check made payable to the Departme	ent of State.			
	Mailing Address: Amendment Section	Street A	ddress: nent Section		
	Division of Corporations		of Corporations		
	P.O. Box 6327		Building		
	Tallahassee, FL 32314		ecutive Center Circle	е	

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute, organized under the laws of the State of $_$ Florid	<u>a</u>
in orde	r to change its registered office or	registered agent, or both, in the State of Florida	!.
1. The name of t	he corporation: William J	James, Inc.	
2. The principal	office address: 16 Lake Ho	llingsworth Dr.	•
	Lakeland, F	Florida 33803	
3. The mailing a	ddress (if different): P.O. Bo	x 434	
	Lakeland	, Florida 33802	
4. Date of incom	poration/qualification: 01/08/19	Document number: P9900003	3069
5. The name and		tered agent and registered office on file with the	
	Hugh Turbeville		
	214 S. Lake Av.		
	Lakeland, Florida 3380)1	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	SEWELARY NYISION OF GI
	Hugh Turbeville		123 PATE
	16 Lake Hollingswort	th Dr.	TH 9: 29
		lox NOT acceptable	9.00
	Lakeland, Florida 33	8803	13 F
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regis	tered agent,
Such change was authorized by th	as authorized by resolution duly act to board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	· so
	Jul	Hugh Turbeville / secretary treas	urer
2	re of an officer or director	Printed or typed name and title	
I furthér agrée i performance of	to comply with the provisions of a mv duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addr tified in writing of this change.	gistered ess, I
J.	1 60	May 17, 2016	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	vned or Printed Name		

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