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☐ PICK-UP	☐ WAIT	MAIL	
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Special Instructions to Filing Officer:			
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Law Offices of Michael P. Williams PA				
DOCUMENT NUMBER: P99000071735				
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:				
Mike Williams				
Name of Contact Person				
Firm/Company				
11764 Marco Beach Drive, Ste. 9				
Address				
Jacksonville, Florida 32224				
City/State and Zip Code				
mpw7337@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mike Williams Name of Contact Person at (904)469-3507 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 **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	mge is submitted for a corporation organi			
	r to change its registered office or registe.	•		
1. The name of	the corporation: Law Offices of Mic	chael P. Williams, PA		
2. The principal	office address: 11764 Marco Bead	ch Drive, Suite 9 Jacksonville, FL 32224		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 08/07/1999	Document number: P99000071735		
	d street address of the current registered agreement of State: (If resigned, enter resigned	•		
	Michael P. Williams			
	1723 Penman Road			
	Jacksonville Beach FL 3225	<u> </u>		
6. The name and street address of the new registered agent (if changed) and /or registered offices: (if changed):				
	Michael P. Williams 量口			
	11764 Marco Beach Drive, Suite 9			
	Jacksonville, FL 32224	ecceptable 5		
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent.		
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.		
///\(\(\)	\mathcal{M}	Michael P Williams		
_	ire of an officer or director	Printed or typed name and title		
I further agree verformance of	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	agree to act in this capacity. les relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change.		
<u>////</u>		August 30, 2018		
J	nature of Registered Agent	Date		
	half of an entity:			
Michael P	Williams vped or Printed Name			
ı	prod or reinted raine			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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