

P020000117273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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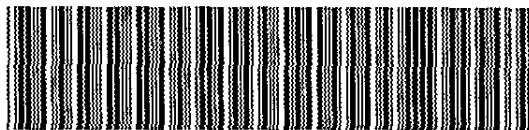
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Bs 2/6/04
B. J. P.

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : JMH Capital, Inc.

2. The mailing address of the corporation : 1400 North Shore Dr. NE
St. Petersburg, FL 33704

3. Date of incorporation/qualification: Oct. 31, 2003 Document number: P02008117273

4. The name and address of the current registered agent and registered office:

RESIGNED

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

Joseph S. Lafata, CPA

5300 W. Cypress St., Ste 247

Tampa, FL 33607

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.

(Signature of an officer, chairman or vice chairman of the board)

Joe Houlton, President

(Printed or typed name and title)

1/29/04
(Date)

Having been named as registered agent and to accept service of process for the above stated
corporation, 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.

(Signature of Registered Agent)

1-28-2004
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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