P06000095638

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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09/25/07--01020--013 **35.00

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COVER LETTER

Division of Corporations	
SUBJECT: JOCKEY ROSE, INC.	
(Name of Corp	poration)
DOCUMENT NUMBER: P06000095638	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
. 5	•
ROSEMARY HOMEISTER	
(Name of Contact	ct Person)
(Firm/Comp	oany)
40000 OW COTH OTDEET	
19383 SW 68TH STREET (Address	3)
	*
PEMBROKE PINES, FL 33332	
(City/State and 2	Zip Code)
For further information concerning this matter, please call	:
ROSEMARY HOMEISTER (Name of Contact Person)	at (954) 205-5626 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area code de Daytinio Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	nt of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
1 4141445544, 1 2 2 2 2 1 1	Tallahassee, FL 32301

CR2E045 (8/05)



October 2, 2007

ROSEMARY HOMEISTER 19383 SW 68TH STREET PEMBROKE PINES, FL 33332

SUBJECT: JOCKEY ROSE, INC. Ref. Number: P06000095638

We have received your document for JOCKEY ROSE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 307A00057477

Irene Albritton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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: JOCKEY ROSE, INC.
2. The principal office address: 19383 SW 68TH STREET, PEMBROKE PINES, FL 33332
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/19/2006 Document number: P06000095638
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Business Filings Incorporated
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301-2960
1203 GOVERNORS SQUARE BLVD, SUITE 101 TALLAHASSEE, FL 32301-2960 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): APPLE FINANCIAL SERVICES, LLC 2300 WEST SAMPLE ROAD, SUITE #308
(P.O. Box NOT acceptable) POMPANO BEACH, FL 33073
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.
Kasemany Homerster Rosemany Homerister, President
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.
10/15/07
(Signature of Registered Agent) (Wate) /
If signing on behalf of an entity:
* * * 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 (8/05)