P08000002874

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A ROMANASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUE	JECT: JFW Management, Inc. (Name of Corporation)					
	(Nume of Corporation)					
DO	CUMENT NUMBER: P08000002874					
The	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Plea	se return all correspondence concerning this matter to the following:					
	Koko Head, Esq.					
	(Name of Contact Person)					
	Law Office of Koko Head, P.A.					
	(Firm/Company)					
P.O. Box 600788						
	(Address)					
Jacksonville, FL 32260						
	(City/State and Zip Code)					
For	further information concerning this matter, please call:					
Kok	o Head, Esq. at (904) 535-0642					
	o Head, Esq. at (904) 535-0642 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address:					
	Amendment Section Amendment Section					
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
	Tallahassee, FL 32314 Chilon Building Call Executive Center Circle					
	Tallahassee, FL 32314 Zoot Excentive Center Circle Tallahassee, FL 32301					

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.15 nge is submitted for a corporation organized undo r to change its registered office or registered agen	er the laws of the State of Florida	
1. The name of t	he corporation: JFW Management, Inc.		
	office address: 325 W. Kari Court, Jacksonville, F	L 32259	
3. The mailing a	ddress (if different): P.O. Box 600788, Jackson	/ille, FL 32260	
4. Date of incorp	poration/qualification: 01/09/08 Do	cument number: P0800002874	
	street address of the current registered agent and tment of State:	registered office on file with the	
	Koko Head, Esq.		8
	12058 San Jose Blvd., Suite 203		08 APR
	Jacksonville, FL 32223	· · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	street address of the new registered agent (if char	nged) and /or registered office	MU:2
	Donna Head		DE A
	325 W. Kari Court		
	(P.O. Box NOT acceptable) Jacksonville, FL 32259		
T1			
as changed will	ess of its registered office and the street address be identical.	of the dusiness office of its registered	agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its base board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.	
(Signatu	Koko Koko	Head, Esq., V.P. (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation on the field merely to reflect a change in the register been notified in writing of this change.	to act in this capacity. tive to the proper and complete perfo of my position as registered agent. Or red office address, I hereby confirm t	rmance f if this hat the
	ma Smilled	4/14/0 g (Date)	
If signing on be	half of an entity:		
. (7	yped or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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