P09000082884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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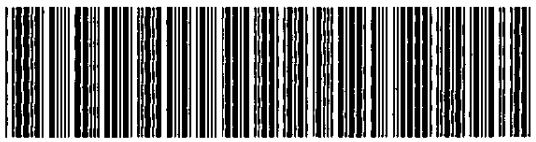

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2010 FEB 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
2/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacks Tool Sales Inc.
Name of Corporation

DOCUMENT NUMBER: P09000082884

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:

Aicha Ouzia
Name of Contact Person

Jacks Tool Sales Inc.
Firm/Company

1639 Beach Blvd, Suite 7+10
Address

Jacksonville Beach FL 32250
City/State and Zip Code

aichaouzia@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aicha Ouzia at (904) 249 2850
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

CR2E045 (8/05)

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: Jacks Tool Sales Inc.
2. The principal office address: 1639 Beach Blvd Suite 7+10 Jacksonville Beach FL 32250
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/6/2009 Document number: P09000082884
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Registered Agents
199 East Flagler Street #510
Miami, FL 33131

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Aicha Ouzia
1639 Beach Blvd Suite 7+10
P.O. Box NOT acceptable
Jacksonville Beach FL 32250 USA

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.

Aicha Ouzia
Signature of an officer or director

Aicha Ouzia Office Mgt.
Printed or typed name and title

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.

A. Ouzia
Signature of Registered Agent

2/12/10
Date

If signing on behalf of an entity:

AICHA OUZIA
Typed or Printed Name

*** * * 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)