

P09000082884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

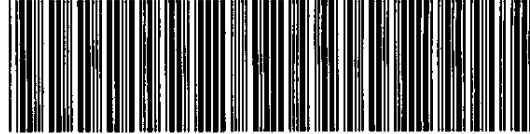
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change Address of 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:

Niko Schlabach

Name of Contact Person

Jacks Tool Sales, Inc

Firm/Company

2440 Valley Springs Place

Address

Jacksonville FL 32246

City/State and Zip Code

niko.schlabach@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Niko Schlabach

904

685-1639

Name of Contact Person

at ()

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**

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: 2440 Valley Springs Place 32246 Jacksonville FL
3. The mailing address (if different): 2440 Valley Springs 32246 Jacksonville FL
4. Date of incorporation/qualification: 10-06-2009 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)
3505 Southside BLVD
Suite 5 Lea Payton
32216 Jacksonville FL

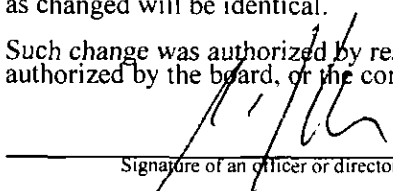
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Niko Schlabach
2440 Valley Spring Place
32246 Jacksonville FL

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

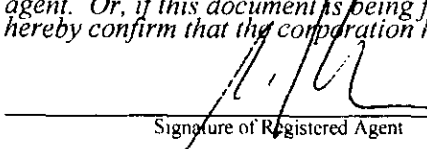
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Niko Schlabach

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.


Signature of Registered Agent

09-14-2015

Date

If signing on behalf of an entity:

Niko Schlabach

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 (03/12)