

P05000154979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

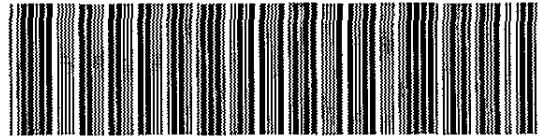
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Special Instructions to Filing Officer:

Todd Jarvis
advised to make
changes. . . @

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@ 7.20.04



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07/13/06--01024--007 **35.00

FILED
06 JUL 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TODD JARVIS PA
(Name of Corporation)

DOCUMENT NUMBER: POS 000154979

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:

TODD JARVIS
(Name of Contact Person)

SEVEN BRIDGES REALTY Co.
(Firm/Company)

4623 PARK STREET
(Address)

JACKSONVILLE, FL 32205
(City/State and Zip Code)

For further information concerning this matter, please call:

TODD JARVIS at (904) 993-4884
(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

**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: Seven Bridges Realty CO.
2. The principal office address: 4623 Park Street
JACKSONVILLE, FL 32205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/22/2005 Document number: P05000154979
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TODA JARVIS
4194 SAN JUAN AVE
JACKSONVILLE, FL 32210

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

TODA JARVIS
4623 PARK STREET
(P.O. Box NOT acceptable)
JACKSONVILLE, FL 32205

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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.

TODA JARVIS
(Signature of an officer or director)

TODA E. JARVIS
(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.

TODA JARVIS
(Signature of Registered Agent)

7/8/06
(Date)

If signing on behalf of an entity:

TODA E. JARVIS
(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