

Division of Corporations

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298855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 DEC -3 PM 12:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
JACK P. HERICK, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC -3 AM 10:28

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACK P. HERICK, INC.
Name of Corporation

DOCUMENT NUMBER: 298855

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:

SANTO LEO
Name of Contact Person
JACK P. HERICK, INC.
Firm/Company
1095 BROKEN SOUND PKWY NW., SUITE 300
Address
BOCA RATON, FL 33487
City/State and Zip Code
SANTO@GLADESDRUGS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTO LEO at (561) 902-7196
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

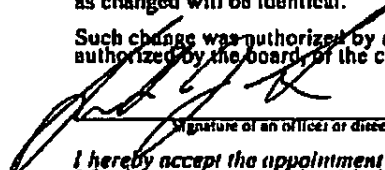
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: JACK P. HERICK, INC.
- 2. The principal office address: 109 SOUTH LAKE AVENUE
PAHOKEE, FL 33476
- 3. The mailing address (if different): 1095 BROKEN SOUND PKWY. NW, SUITE 300
BOCA RATON, FL 33487
- 4. Date of incorporation/qualification: 11/19/1965 Document number: 298855
- 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)
MICHAEL G. ST. JACQUES, II
2925 PGA BLVD., SUITE 204
PALM BEACH GARDENS, FL 33410
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
P.O. Box NOT acceptable
PLANTATION, FL 33324


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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.

 _____ Santo Leo - COO
Signature of an officer or director 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.

 _____ 12/03/2014
Signature of Registered Agent Date

If signing on behalf of an entity:
Michele Holden, Asst. Secretary
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
CR2E04S (01/12)