

544177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** John Jones Plumbing Specialist Inc  
Name of Corporation

**DOCUMENT NUMBER:** 544177

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:

James Jones  
Name of Contact Person

John Jones Plumbing Specialist Inc.  
Firm/Company

P.O. Box 817706  
Address

Hollywood FL 33081  
City/State and Zip Code

John Jones Plumbing at yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Jones at (954) 966 6834  
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: John Jones Plumbing Specialist Inc.
2. The principal office address: 2877 SW Venice Ct. Palm City  
FL 34990
3. The mailing address (if different): P.O. Box 817706 Hollywood  
FL 33081
4. Date of incorporation/qualification: 1977 Document number: 544177
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)

John Jones  
593 Lake Charles  
Port St. Lucie, FL 34988

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

James Jones  
2877 SW Venice Ct. ~~Palm City~~  
P.O. Box NOT acceptable  
Palm City FL 34990

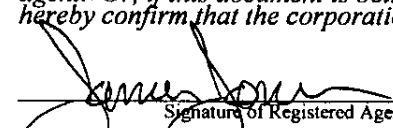
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 John Jones President  
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.*

 1-23-2014  
Signature of Registered Agent Date

If signing on behalf of an entity:

James Jones  
Typed or Printed Name

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