

668956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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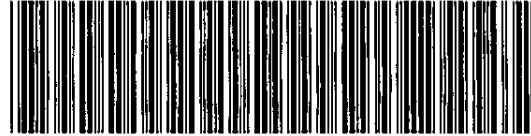
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 21 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jimmy Boynton Realty, Inc.

Name of Corporation

DOCUMENT NUMBER: 668956

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:

Angela Boynton Cassidy

Name of Contact Person

Jimmy Boynton Realty, Inc.

Firm/Company

252 Bob Miller Road

Address

Crawfordville, FL 32327

City/State and Zip Code

angela_b_cassidy@yahoo.com

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

For further information concerning this matter, please call:

Angela Boynton Cassidy

Name of Contact Person

at (850) 422-1577

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: Jimmy Boynton Realty, Inc.
2. The principal office address: P. O. Box 4167, Tallahassee, FL 32315 (existing)
252 Bob Miller Road, Crawfordville, FL 32327 (new)
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/1980 Document number: 668956

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)

Barbara P. Boynton (deceased)

1806 Sunset Lane

Tallahassee, FL 32303

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

Angela Boynton Cassidy

252 Bob Miller Road

P.O. Box NOT acceptable

Crawfordville, FL 32327

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.

Angela Boynton Cassidy
Signature of an officer or director

Angela Boynton Cassidy, President
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.

Angela Boynton Cassidy
Signature of Registered Agent

May 14, 2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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