698981

(Re	equestor's Name)			
		<u>. </u>		
(Ad	ldress)			
·	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
HYISION OF CORPORATION

C.COULLIETTE
NOV 0 4 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corpo				
SUBJECT:	J. R. Long Name of C	g, Inc. Corporation		
DOCUMENT NUMBER	t:	698981		
The enclosed Statement o	f Change of Registered Offic	e/Agent and fee are subm	itted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:		
	Linda	OHara		
	Name of Co	ntact Person		
J. R. Long, Inc. Firm/Company				
•	riiii/Ci	ompany	•	
	8920 Mai	slin Drive		
	Add	ress		
-	and a second	q q s simma sid to	and the second of the second o	
	Tampa Flo	rida 33637		
	City/State a	rida 33637 nd Zip Code		
	linda@irlor	agina com		
linda@jrlonginc.com E-mail address: (to be used for future annual report notification)				
		-	ŕ	
For further information co	oncerning this matter, please	call:		
1 ind	a OHara	813	088 4810	
Name of C	Contact Person	at (<u>813</u> Area Code & Dayt	ime Telephone Number	
Enclosed is a \$35.00 chec	k made payable to the Depar	tment of State.		
Ā	Iniling Address: Imendment Section Division of Corporations	Street Address Amendment S Division of Co	ection	
P	.O. Box 6327	Clifton Buildi	ng	
Т	allahassee, FL 32314	2661 Executiv Tallahassee, F	ve Center Circle FL 32301	

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida orge is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of	Florida
1. The name of the	ne corporation: J. R. Long, Inc.	
2. The principal of	office address: 8920 Maislin Drive	
Tampa, Flo	orida 33637	
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 1981 Document number:	698981
	street address of the current registered agent and registered office on file timent of State: (If resigned, enter resigned)	vith the
	Linda OHara	
	4225 OHara Place	ᅾ
	Dover, Florida 33527	10 NOV -1
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	
	Linda OHara	AH IO:
	8920 Maislin Drive	
	P.O. Box NOT acceptable	
	Tampa, Florida 33637	<u> </u>
	ess of its registered office and the street address of the business office of be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by the board or the corporation has been notified in writing of the change.	an officer so
Signathi	Michael Rober For an officer or director Printed or typed name an	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and confident with and accept the obligation of my position as registen as filed merely to reflect a change in the registered office address, I hele been notified in writing of this change.	omplete performance red agent. Or, if this reby confirm that the
Hond	a O Hara Linda OHa	ra /27/10
,	nature of Registered Agent Date	
II signing on bel	half of an entity:	
Tv	yped 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