

Div

FD 100005007

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

FEB 09 2017

R. WHITE

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

Email Address: _____

**REGISTERED AGENT CHANGE
JIM WOOD COMPANY OF ARKANSAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
17 FEB -8 PM 5:00
DIVISION OF CORPORATIONS
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17 FEB -8 AM 9:44
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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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 **ARKANSAS** in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JIM WOOD COMPANY OF ARKANSAS, INC.
2. The principal office address: 3200 S. SHACKLEFORD, SUITE 16
LITTLE ROCK, AR 72205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/25/2001 Document number: F01000005007

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)

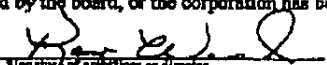
C T CORPORATION SYSTEM1200 SOUTH PINE ISLAND ROADStreet AddressPLANTATIONFL33324CityStateZip Code

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

Capitol Corporate Services, Inc.165 Office Plaza Drive, Suite AStreet AddressP.O. Box NOT acceptableTallahasseeFL32301CityStateZip Code

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.


Signature of officer or directorKaye Wood / Sec/Treas
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.


Signature of Registered Agent2/8/2017
Date

If signing on behalf of an entity:

Jason Fischer, Asst. Secretary on behalf of Capitol Corporate Services, Inc.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
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