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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

Email Address: managedreports@incorp.com

REGISTERED AGENT CHANGE JACKSON, RENFRO AND ASSOCIATES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jackson, Renfro and Associates, Inc.
Name of Corporation
DOCUMENT NUMBER: F05000005104
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:
Attn: Processing Dept.
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code
managedreports@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lorie Cuni on behalf of InCorp Services, Inc. at 800-246-2677
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
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

H210000838903

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

statement of ch	e provisions of sections 607.0502, 617.0 hange is submitted for a corporation org der to change its registered office or regi	anized under the laws of the State o	fAL
The name o	of the corporation: Jackson, Renfro an	d Associates, Inc.	
	al office address:		
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 08/29/200	Document number:	F05000005104
	and street address of the current registered partment of State: (If resigned, enter resigned,		with the
	InCorp		7971
	17888 67th Court North		 :
	Loxahatchee, FL 33470		C4 1
6. The name a (if changed)	and street address of the new registered a	gent (if changed) and /or registered	PH 2: 06
	InCorp Services, Inc.		-12 31E 36
	17888 67th Court North		
	P.O.	Box NOT acceptable	
	Loxahetchee, FL 33470	·····	
The street add as changed wi	dress of its registered office and the stre ill be identical.	et address of the business office o	f its registered agent,
	was authorized by resolution duly adop the board, or the corporation has been		
V Tr	1 (-he	Timothy C Cooke, Secreta	-
Signi I hereby acce I further agre of my duties, i document is b corporation h	pt the appointment as registered agent te to comply with the provisions of all s and I am familiar with and accept the c peing filed merely to reflect a change in as been notified in writing of this chan	Printed or typed name an and agree to act in this capacity. tatutes relative to the proper and obligation of my position as registe the registered office address, I he ge.	
	pelign D	February 26, 2	
- 1	Signature of Registered Agent	Dare	
If signing on l	behalf of an entity:		
Isabel Burgos	on behalf of InCorp Services, Inc.		
	Typed or Printed Name	TTPN - 025 00 + + +	
		FEE: \$35.00 * * *	
]	MAKE CHECKS PAYABLE TO F MAJL TO: DIVISION OF CORPORATIONS	Florida Department of State , P.O. Box 6327, Tallahasseb, F	L 32314