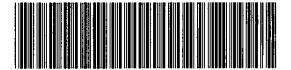
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COVER LETTER

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SUBJECT:	JDC OF OREC		,	
DOCUMENT NUMBER:	F090	000003519		
The enclosed Statement of Cha	nge of Registered Office	e/Agent and fee are subm	nitted for filing.	
Please return all correspondenc	e concerning this matter	to the following:		
	Donna Name of Co	Megy		
-	Name of Co	ntact Person		
JDC OF OREGON, INC.				
	Firm/Co	ompany		
	3200 County	Road 630 W		
	Add	ress		
	Fort Meade City/State an	, FL 33841 Id Zip Code		
	daiy5@a	ol com		
dsiv5@aol.com E-mail address: (to be used for future annual report notification)				
For further information concern	ing this matter, please o	all:		
Donna M		at (863)	285-8607 time Telephone Number	
Name of Contac	t Person	Area Code & Day	time Telephone Number	
Enclosed is a \$35.00 check made	le payable to the Depart	ment of State.		
Ameno Divisio	g Address: Iment Section on of Corporations ox 6327	Street Address Amendment S Division of C Clifton Build	Section orporations	

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section Division of Corporations

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 tatement of change is submitted for a corporation organized under the laws of the State of	
. The name of the corporation: JDC OF OREGON, INC.	
The principal office address: 3200 County Road 630 W Fort Meade, FL 33841	
. The mailing address (if different):	
. Date of incorporation/qualification: August 5, 1994 Document number:	******
. 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)	
Dr. Joseph A. Megy	
3311 Noralyn Mine Road	<u></u>
Bartow, FL 33831	: 2
. The name and street address of the new registered agent (if changed) and /or registered office	14.
Dr. Joseph A. Megy	7
3200 County Road 630 W	
P.O. Box NOT acceptable	
Fort Meade, FL 33841	
the street address of its registered office and the street address of the business office of its registered agent, schanged will be identical.	,
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Dr. Joseph A. Megy Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performanc f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if thi ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	e s
Dr. Joseph A. Megy	
/ Signature of Registered Agent Date	
rigning on behalf of an entity:	
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