

FI1000001233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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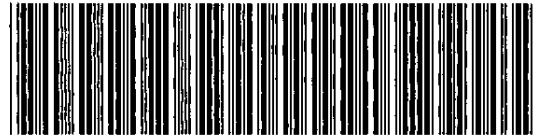
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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@ 7.13.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J. FALKNER INC.
Name of Corporation

DOCUMENT NUMBER: F11000001233

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:

JASON ARBUCKLE
Name of Contact Person

J. FALKNER INC.
Firm/Company

500 PALM ST. (UNIT B)
Address

WEST PALM BEACH FL 33401
City/State and Zip Code

jarbuckle@jfallkner.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON ARBUCKLE at (561) 833 8455
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
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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: J. ~~FALKER~~ FALKNER INC.
2. The principal office address: 500 PALM ST (UNIT B)
WEST PALM BEACH, FL 33401
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/23/2011 Document number: F11000001233

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 SYSTEM
1200 SOUTH PINE ISLAND Rd.
PLANTATION, FL 33324

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

JASON ARBUCKLE
434 CHILEAN Ave
P.O. Box NOT acceptable
PALM BEACH FL 33480

12 JUL 13 AM 10:28
SECRETARY
DIVISION OF CORPORATIONS

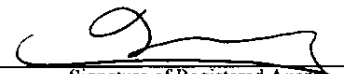
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

JASON ARBUCKLE, 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.


Signature of Registered Agent

10 July 2012
Date

If signing 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