## 

(	Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





01/07/16--01025--011 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Jones Mortgage Group, Inc.

Name of Corporation

DOCUMENT NUMBER: F12000004202

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:

Rebecca Hanson

Name of Contact Person

Quik Filings, LLC

Firm/Company

9789 Springwood Dr

Address

Kalamazoo, MI 49009

City/State and Zip Code

rhanson@quikfilings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Hanson
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 Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of F	
1. The name of the corporation: Jones Mortgage Group, Inc.	
2. The principal office address: 1524 Nottingham Knoll Dr	
Jacksonville, FL 32225	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/15/2012 Document number: F1200	0004202
5. The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned)	ith the
InCorp Services, Inc.	
17888 67th Court North	
Loxahatchee, FL 33470	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	fice -
Bruce Jones	
1524 Nottingham Knoll Dr	
P.O. Box NOT acceptable	
Jacksonville, FL 32225	The to the
The street address of its registered office and the street address of the business office of it as changed will be identical.	s registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board or the corporation has been notified in writing of the change.	2.00 mm
Bruce Jones, CEO	
Signature of an officer or director Printed or typed name and tit	
I hereby accept the appeniument 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 con performance of my suities, and I am familiar with and accept the obligation of my position agent. Of, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	nplete n as registered ce address, l
12/30/2015	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*