08-416/18 06:0 08176380 Pg 4 3/15/2018		egistered Agent Solutions, inc. A Florid Division of Concentions Florida Department of State Division of Corporations Electronic Filing Cover Sheet	a 56597 8t
		se print this page and use it as a cover sheet. Type the fax hown below) on the top and bottom of all pages of the docum	
	Ň	(((H180000841013)))	
,	To: From: **Enter 1 ann	NOT hit the REFRESH/RELOAD button on your browser fr Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6380 Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274 the email address for this business entity to be used to bual report mailings. Enter only one email address plea	for future
RECEIVED	CHARY OF SIA AHASSEE, FLOR	REGISTERED AGENT CHANGE JACOBSON WAREHOUSE COMPANY, INC. Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00	RARDCA8

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TO: Amendment Section **Division of Corporations**

JACOBSON WAREHOUSE COMPANY, INC. SUBJECT:

Name of Corporation

F12000004597 **DOCUMENT NUMBER:**

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

888 705-7274 Area Code & Daytime Telephone Number

Name of Contact Person

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

CR2E045 (03/12)

FLH1β000084101 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTOR BOTH FOR CORPORATIONS

1. The name of the corporation: JACOBSON WAREHOUSE COMPANY, INC.

2. The principal office address:	1275 NW 128TH	ISTREET	 	
CLIVE,	IA	50325	 	

3. The mailing address (if different):

~

4. Date of incorporation/qualification:	11/30/2012	Document number: F12000004597	
4. Date of incorporation/qualification:	11100/2012	Document number: 1 1200000 1001	

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)

CT 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):

Registered Agent Solutions, Inc. <u>155 Office Plaza Dr., Suite A</u> P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

/S/ Riina Johvort	Riina Tohvert Assist	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agent of I further agree to comply with the provisions of all st performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified	and agree to act in this capaci atutes relative to the proper a l accept the obligation of my p eflect a change in the registere l in writing of this change. 03/15/2018	ty, nd complete osition as registered ed office address, I
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Justine Karnell - Assistant Secretary		
Typed or Printed Name		
* * * FILING F	FEE: \$35.00 * * *	

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