

Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007 Phone

Fax Number

: (702)866-2500 : (702)866-2689

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

REGISTERED AGENT CHANGE JEFFREYS MANUFACTURING SOLUTIONS INC

Certificate of Status	0
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MAR 20 2015 T. CARTER

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Jeffreys Manufacturing Solutions Inc			
Name of Corporation			
DOCUMENT NUMBER: F14000000982			
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:			
Josie Sorensen			
Name of Contact Person			
InCorp Services, Inc.			
Firm/Company			
2360 Corporate Circle, Suite 400			
Address			
Henderson, NV 89074			
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:			
Josie Sorensen 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

Tailahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

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statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nange is submitted for a corporation organized under the laws of the State of Marylan ler to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: Jeffreys Manufacturing Solutions Inc		
2. The principa	al office address: 7390 COCA COLA DR, HANOVER, MD 21076		
3. The mailing	address (if different): 7390 COCA COLA DR, HANOVER, MD 21076		
4. Date of inco	rporation/qualification: 03/03/2014 Document number: F1400000098	2	
5. The name ar	and street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	CT CORPORATION		
	1200 South Pine Island Rd		
	Plantation, FL 33324	퍍	TAL
6. The name as (if changed)	nd street address of the new registered agent (if changed) and /or registered office :	HAR 19	LAHASSE
	InCorp Services, Inc.		- 000
	17888 67th Court North	بو	T 0
	P.O. Box NOT acceptable Loxahatchee, FL 33470	42	FLORIDA
The street add	ress of its registered office and the street address of the business office of its register ll be identical.	red agent,	
* 1.7	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.		
	Matthew Phillips, CFO		
I hereby accept further agree performance of agent Or, if the hereby confirmation is a second confirmation of the hereby acceptance of t	the appointment as registered agent and agree to act in this capacity. It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as regis its discument is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change. March 10, 2015 Chatter of registered Agent Date	stered is, I	,
Josie A Sor			
	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 CR2E045 (03/12)

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