

F15000004435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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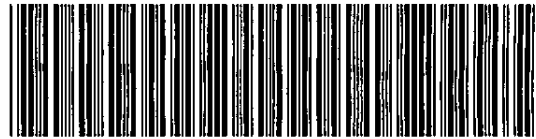
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
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OCT 25 2016

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacksonville Pharmaceuticals, INC.
Name of Corporation

DOCUMENT NUMBER: F15000004435

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:

Jeffrey S. Cole
Name of Contact Person

Jacksonville Pharmaceuticals, INC.
Firm/Company

14286-19 Beach Blvd #101
Address

Jacksonville Beach, FL 32250
City/State and Zip Code

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

For further information concerning this matter, please call:

JEFFREY COLE at (904) 328-2211
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: Jacksonville Pharmaceuticals, INC.
2. The principal office address: 14280-19 Beach Blvd #101
Jacksonville, FL 32250
3. The mailing address (if different): same
F150000004435
4. Date of incorporation/qualification: 02/26/2015 Document number: 6174552 47-4385384
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)

Resigned: Incorporating Services LTD
1540 Glenway Drive
Tallahassee, FL 32301

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

Jeffrey S. Cove
14280-19 Beach Blvd #101
Jacksonville, FL 32250

P.O. Box NOT acceptable

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]
Signature of an officer or director

JEFFREY S. COVE
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]
Signature of Registered Agent

JEFFREY S. COVE
Date

If signing on behalf of an entity:

JACKSONVILLE PHARMACEUTICALS, INC.
Typed or Printed Name

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