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H250000270673ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

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

Email:	Address:	
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## REGISTERED AGENT CHANGE JES DEV CO, INC

Certificate of Status	0
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: JES DEV CO, INC

Name of Corporation

DOCUMENT NUMBER: F1700005334

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:

Alicia Richards	
Name of Contact Person	<del>_</del>
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, please call:	
Alicia Richards at	(888 ) 705-7274
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

Tallahassec, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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## H25000027067 3

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

	provisions of sections 607.0502 nge is submitted for a corporat					
	r to change its registered office					
1. The name of t	the corporation: JES DE\	/ CO, INC				
	office address: 206 PEA	CH WAY				
	<u>1BIA, MO 65203</u>			NI LINATOLA	140 05000	
_	ddress (if different): $\frac{206 P}{11/2}$			<u>)LUMBIA,</u> E170	<u>MO 65203</u> 00005334	
	poration/qualification: 11/28				00005334	
	I street address of the current re tment of State: (If resigned, ent	ter resigned)				
	CORPORATIO	N SERVICE	E C	OMPANY	<b>,</b>	
	1201 HAYS STREET					
	TALLAHASSEE	F	-L	32301-2525	-	
6. The name and (if changed):	Registered Agen	_		-		
	2894 Remington G	reen Ln. Ste	e. A			, 5 i
	Tallahassee	P.O. Box NOT acceptate	<sup>ble</sup> 230	08	2025 JAM 22	
The street addre	ess of its registered office and the identical.	the street address of	the bu	siness office of it	s registered agent,	: .
Such change wa authorized by th	is authorized by resolution dul ne board, or the corporation ha	y adopted by its boas s been notified in w	rd of c riting c	lirectors or by an of the change.	officerso 22	
151 Jeffrey	Smith re of an officer or director	Jeffre		nith ed or typed name and to	President	
I harahy accant	the appointment as registered to comply with the provisions of I am familiar with and accepts filed merely to reflect a charle been notified in writing of this	agent and agree to of all statutes relativ of the obligation of r inge in the registere s change.	act in	this canacity		
	الله نوهم	01/2				
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
Ту	ped or Printed Name					
	* * * FII	LING FEE: \$35.00	* * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)