

change
Altern
name

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JN MORTGAGE COMPANY, INC.
(Name of Corporation)

DOCUMENT NUMBER: F95000004838

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN BARTLETT
(Name of Contact Person)

JN MONEY SERVICES (USA) INC.
(Firm/Company)

1943 NORTH PINE ISLAND
(Address)

PLANTATION, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN BARTLETT at (954) 735-6002
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- ☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned CARMEN BARTLETT, do hereby certify
(Name)

that this Resolution of the Board of Directors of JN MORTGAGE COMPANY, INC.

(Name of Corporation)

a corporation duly organized and existing under the laws of NEW YORK,
(State or Country)


was adopted on DECEMBER 5, 2011, changing the alternate

name in Florida from JN MORTGAGE COMPANY, INC.
(Current Alternate Name)

JN MONEY SERVICES (USA) INC.
(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: MARCH 16, 2012


Signature of Chairman, Vice Chairman of the Board, a
director or any officer

REGIONAL MANAGER
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

12 MAR 29 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
MAR 29 2012