

F96000006704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

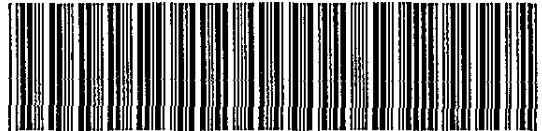
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000016368930

04/22/03--01015--003 **35.00

RA
change

FILED
03 APR 22 PM 2:06
TALLAHASSEE, FLORIDA



Jamaica National Building Society
Florida Representative Office
5039 N. State Road 7
Tamarac, Florida 33319
Tel.: 954 485-0444
Toll Free 1-800-390-7850
Fax: 954-485-0300
www.jnbs.com

April 16, 2003

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

Dear Sirs:

Re: Change of Registered Agent

Jamaica National Building Society is seeking to change its registered agent.

Please find attached therefore form entitled "Statement of Change of Registered Office or Registered Agent or Both for Corporations" duly completed along with check number 2559 in the amount of \$35.00 representing the required filing fees.

I trust that you will find the documents in order, however should you require additional information or clarification on any issue do not hesitate to contact me (in my absence Julia Nembhard) at 1-866-735-6002. Thanking you in advance for your cooperation and assistance.

Sincerely,
Jamaica National Building Society

Leon Mitchell
Executive, Overseas Business Development

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jamaica National Building Society
(Name of corporation)

DOCUMENT NUMBER: F96000006704

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:

Leon Mitchell
(Name of person)

Jamaica National Building Society
(Name of firm/company)

5039 N State Road 7
(Address)

Tamarac, FL 33319
(City/state and zip code)

For further information concerning this matter, please call:

Leon Mitchell at (954) 735-6002
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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
Jamaica *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Jamaica National Building Society Corporation
2. The principal office address: 3895 NW 24th Street, Lauderdale Lakes
Fort Lauderdale, FL 33311
3. The mailing address (if different): _____
4. Date of incorporation/qualification: December 20, 1996 Document number: F96000006704
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Neville Sharpe

7777-A Davie Rd.

Hollywood FL 33024

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

Leon Mitchell

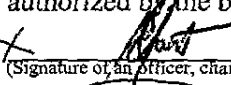
5039 N State Rd. 7

(P.O. Box or personal mailbox NOT acceptable)

Tamarac, FL 33319

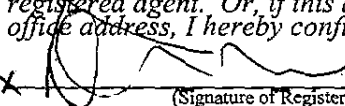
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X 
(Signature of an officer, chairman or vice chairman of the board)

Earl Jarrett - President/Director
(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.

X 
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314