

F97600004455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

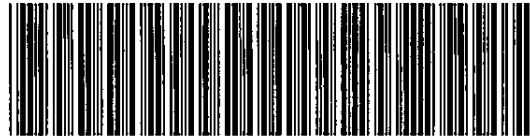
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2016

C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JNR Adjustment Company, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F97000004455

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:

Sarah Garner, Compliance

Name of Contact Person

JNR Adjustment Company, Inc.

Firm/Company

7001 E. Fish Lake Rd., Ste. 200

Address

Maple Grove, MN 55311

City/State and Zip Code

sarah.garner@jnrcollects.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Garner

Name of Contact Person

at ( 763 ) 398-2091

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

1. The name of the corporation: JNR Adjustment Company, Inc.  
2. The principal office address: 7001 E. Fish Lake Road, Suite 200, Maple Grove, MN 55311  
3. The mailing address (if different): PO BOX 27070, Minneapolis, MN 55427

4. Date of incorporation/qualification: 8/22/1997 Document number: F97000004455

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)

Jim Jacobson

100 NW 70th Ave, Suite 200

Plantation, FL 33317

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

C T Corporation System

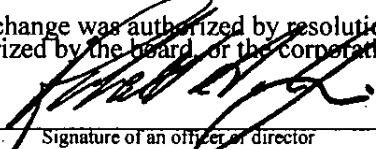
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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

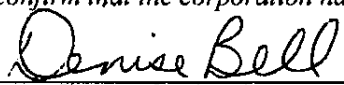
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Robert A. Juve, CEO

\_\_\_\_\_  
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 of Registered Agent

August 8, 2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

C T Corporation System

\_\_\_\_\_  
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)

2016 AUG 16 AM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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