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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Jack Queen Construction, Inc. Name of Corporation	•
DOCUMENT NUMBER: 4/1533	
The enclosed Statement of Change of Registered Office/Agent and fee are submitte	d for filing.
Please return all correspondence concerning this matter to the following:	
Ronald David Lightner, J Name of Contact Person Jack Queen Construction, 1	
P.O. Box 990 Address	
Immokalee FL 3414_	<u>3</u>
Tack Oveen Construction a E-mail address: (to be used for future annual report notification)	gmail.com
For further information concerning this matter, please call:	
Ronald David Lightner, Jr. at (863) 673 Name of Contact Person Area Code & Daytime	-26 55 Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address: Amendment Section Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corpo	
P.Q. Box 6327 Clifton Building	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Tallahassee, FL 32314 2661 Executive C Tallahassee, FL 3	

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2017

RONALD DAVID LIGHTNER, JR.
JACK QUENN CONSTRUCTION, INC.
P.O. BOX 990
IMMOKALEE, FL 34143

SUBJECT: JACK QUEEN CONSTRUCTION, INC.

Ref. Number: G11533

We have received your document for JACK QUEEN CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 817A00023591

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jack Oveen Construction, Inc.
2. The principal office address: 211 North 9th Street
Im mokalee, 72 34142
3. The mailing address (if different): PO Box 990
Dom mokalee, 7d 34143
4. Date of incorporation/qualification: 12/03/1982 Document number: G 11535
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 - Delia & Lee
2803 Dora Cincle
Lehigh acres, 7L
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Konald David Lightner, Ir.
1103 Monroe Street P.O. Box NOT acceptable
Ilm mokalee, FL 34142
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.
Winsignature of an efficient or directory Right Control of the Con
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.
hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Nucht.
If signing on behalf of an entity:
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)