**Document Number Only** 

CT Corporation System 660 East Jefferson Stre Tallahassee, FL 32301 850-222-1092

(XXX)Walk in

CT Corporation Syst	em	: •
660 East Jefferson S	treet	DATE: 7 /14
Tallahassee, FL 3230	11	
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( )Nonprofit		ల
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()Foreign	()Dissolution	()Mark
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()Limited Partnership	()UBR	()Other
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Please Return Filed Stamped Copies To:

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Jeffrey Butterfield

(XXX)Pick-up

Thank You!

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 600 undersigned corporation organized under the laws of the State	
submits the following statement in order to change its registered	ed office or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is: Jarry Realty, Inc.	.=.
•	
2. The mailing address of the corporation is: 4 Arrow Faste	ener, P.O. Box 21043, Tampa, FL 32301
3. Date of incorporation/qualification: 6/28/84	Document number: 4/0/54
4. The name and address of the current registered agent and of	
Corporation Service Company	
1201 Hays Street	
Talahasee, FL 32301	
5. The name and address of the new registered agent and office	e: (P. O. Box Not Acceptable)
C T CORPORATION SYSTEM	
1200 South Pine Island Road	<u> </u>
Plantation, Florida 33324	
The street address of its registered office and the street address	ress of the business office of its registered
agent, as changed, will be identical/ Such change was authorized by resolution duly adopted by	
authorized by the board	
Muy 4. Ascepca	1-1/-00 (Date)
Signature of an officer, chairman or vice chairman of the po-	au, (but)
Eugene A. Gargaro, Jr., Vice President & Secret (Printed or typed name and title)	etary (Date)
Having been named as registered agent and to accept serv corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acceptagistered agent.	ice of process for the above stated I agent and agree to act in this capacity. I relative to the proper and complete The obligation of my position as
Placeles S. Nastr	7–13–00
(Signature of Registered Agent) Claudia L.	Saari (Date)
If signing on behalf of an entity:	
C T CORPORATION SYSTEM (Typed or Printed Name)	ASST_SECY. (Capacity)
CR2E045(4/95)	FILING FEE: \$35.00