(Requestor's Name)
•
(Address)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(1)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



800112776238

12/06/07--01045--013 **35.00

2007 DEC -6 AM 11: 40

00 12/10/07 10

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: JERRY'S MAJOR APPLIANCE SERVICE, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: J64437			
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:			
GERALD R. PORTER			
(Name of Contact Person)			
JERRY'S MAJOR APPLIANCE SERVICE, INC.			
(Firm/Company)			
11140 SEMINOLE BLVD UNIT 2			
(Address)			
LARGO, FL 33778			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
GERALD R. PORTER (Name of Contact Person) at (727) 243-4456 (Area Code & Daytime Telephone Number			
(Name of Contact Person) (Area Code & Daytime Telephone Numbe			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			
Division of Corporations Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314 Tallahassee, FL 32301			

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	
1. The name of	the corporation: JERRY'S MAJOR APPL	IANCE SERVICE, INC.	
2. The principal	office address: 11140 SEMINOLE BLVD	UNIT 2	
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: 03/24/1987	Document number: J64437	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	3
	11540 WALSINGHAM RD S-D		مالال الدر
	LARGO, FL 33778		`c
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	
	11140 SEMINOLE BLVD UNIT		
	(P.O. Box NOT acceptable) LARGO, FL 33778		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
X Sugar	the of an officer or director)	GERALD R. PORTER/PRESIDENT (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
X Jene	ghature of Registered Agent)	12/03/07 12-3-07 (Date)	
If signing on be	chalf of an entity:		
Gerald	R. Porter 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 (8/05)