

K08088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

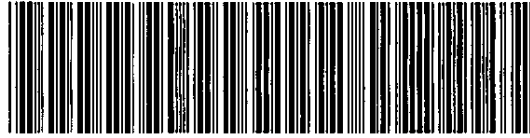
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL - 7 PM 2:21

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R-A. Charge

C.COULLIETTE

JUL 09 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JIM FISHER AND COMPANY
Name of Corporation

DOCUMENT NUMBER: K 08088

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:

JAMES R. FISHER
Name of Contact Person

JIM FISHER AND COMPANY
Firm/Company

P.O. BOX 2129
Address

COOKEVILLE, TN 38502
City/State and Zip Code

JFISHER1@FRONTIERNET.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J.R. FISHER at (386) 299-2718
Name of Contact 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
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JIM FISHER AND COMPANY
2. The principal office address: 424 LUNA BELLA LANE, STE. 133
NEW SMYRNA BEACH, FL 32168
3. The mailing address (if different): P.O. Box 2129
COOKEVILLE, TN 38502
4. Date of incorporation/qualification: 12/21/1987 Document number: K08088
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)

KIM STRODE
4720 HIDDEN LAKE DR.
PORT ORANGE, FL 32129

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

KIM SCHOEPS
4720 HIDDEN LAKE DR.
PORT ORANGE, FL 32129

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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]
Signature of an officer or director

JAMES R. FISHER
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]
Signature of Registered Agent

6/29/09
Date

If signing on behalf of an entity:

KIM SCHOEPS
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