

K45984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

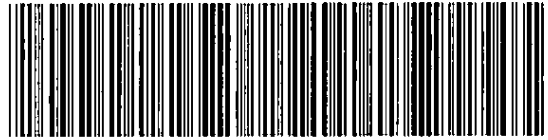
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TALLAHASSEE, FL

RA Change

AUG 18 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JON-HANNA CORPORTION
Name of Corporation

DOCUMENT NUMBER: K45984

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:

RONNIE D KILGORE

Name of Contact Person

JON-HANNA CORPORATION

Firm/Company

4688 HOFFNER AVE.

Address

ORLANDO, FL. 32812

City/State and Zip Code

irish_rkilgore@yahoo.com

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

For further information concerning this matter, please call:

RONNIE D. KILGORE

Name of Contact Person

at (407) 383-5045

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

RONNIE D KILGORE
JON-HANNA CORPORATION
4688 HOFFNER AVE
ORLANDO, FL 32812

SUBJECT: JON-HANNA CORPORATION
Ref. Number: K45984

We have received your document for JON-HANNA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

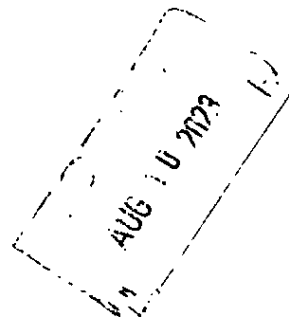
The registered agent must sign accepting the designation.

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.

Diane Cushing
Operations Manager A

Letter Number: 423A00016522



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: JON-HANNA CORPORATION

2. The principal office address: 4688 HOFFNER AVE.
ORLANDO, FL. 32812

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/17/1988 Document number: K45984

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)

RON D. KILGORE
4688 HOFFNER AVE.
ORLANDO, FL. 32812

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

RONNIE D. KILGORE
4688 HOFFNER AVE.
ORLANDO, FL 32812

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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.

Ronnie D. Kilgore
Signature of an officer or director

RONNIE D. KILGORE, PRESIDENT
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.

Ron D. Kilgore
Signature of Registered Agent

8-8-23
Date

If signing on behalf of an entity:

Ron D. Kilgore
Typed or Printed Name

*** FILING FEE: \$35.00 ***