L22720

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
· ·						
PICK-UP WAIT MAIL						
(Business Entity Name)						
•						
(Document Number)						
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Certified Copies Certificates of Status						
Special instructions to Eiling Officer						
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R.A. Chang C.COULLIETTE

FEB 17 2011

EXAMINER

COVER LETTER

TO:	Amendment Sec Division of Corp							
SUBJ	ect: P	ALM BEACH PLUME	SING PARTS, INC.					
DOC	UMENT NUMBE	R:	L22720					
The en	nclosed Statement	of Change of Registered Offic	e/Agent and fee are submitted	l for filing.				
Please	return all correspo	ondence concerning this matter	r to the following:					
	TASHA K. DICKINSON, ESQ. Name of Contact Person							
JONES FOSTER JOHNSTON & STUBBS, P.A. Firm/Company								
505 S. FLAGLER DRIVE, SUITE 1100 Address								
	WEST PALM BEACH, FL 33411 City/State and Zip Code							
	DPAYTON@JONES-FOSTER.COM							
E-mail address: (to be used for future annual report notification)								
For fu	rther information of	oncerning this matter, please	call:					
		. PAYTON, ACP FRP Contact Person	at (561) Area Code & Daytime	650-0427 Telephone Number				
Enclos	sed is a \$35.00 che	ck made payable to the Depar	tment of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive (orations				

Tallahassee, FL 32301



Flagler Center Tower, Suite 1100 505 South Flagler Drive West Palm Beach, Florida 33401 Telephone (561) 659-3000 Mailing Address
Post Office Box 3475
West Palm Beach, Florida 33402-3475

Dominique A. Payton, ACP, FRP

Direct Dial: (561) 650-0427 Direct Fax: (561) 650-0485

E-Mail: dpayton@jones-foster.com

February 14, 2011

Florida Department of State Amendment Section, Div. of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Palm Beach Plumbing Parts, Inc.

E-Netpic.com, Inc.

Jade Land Company, Inc.

Dear Madam/Sir:

Enclosed are the duly completed and executed Statement of Change of Registered Agent for each of the three corporations listed above together with the respective filing fees.

Once filed, kindly forward confirmation to me in the enclosed stamped envelope.

Sincerely yours,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Dominique A/Payton

Advanced Certified Paralegal

Enclosures

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Floria I under the laws of the State o I agent, or both, in the State o	of FLORIDA
			MBING PARTS, INC	
2. The principal 33409	office address: 2501 W	/ESTGATE AVE	ENUE, SUITE 1, WEST	PALM BEACH, FL
3. The mailing a	address (if different): SA	ME AS ABOVE		
4. Date of incor	poration/qualification:	10/13/1989	Document number:	L22720
	d street address of the cur rtment of State: (If resign		t and registered office on file	with the
	MICHAEL S. SING	ER, ESQ.		
	3801 PGA BLVD,	SUITE 604		
	PALM BEACH GA	RDENS, FL 334	410	
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or registered	
	TASHA K. DICKIN	SON, ESQ.		— EB - 637 77
	505 S. FLAGLER I			6 A
	WEST PALM BEA	P.O. Box NOT acc	ceptable	
The street address changed will		·-· -·	lress of the business office of	<u> </u>
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or by ed in writing of the change.	an officer so
Signatu	re of an officer or director		FREDERICK G. Printed or typed name at	WADE, II
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the provi nd fam familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statute. d accept the obliga et a change in the re g of this change.	gree to act in this capacity. s relative to the proper and c tion of my position as regist egistered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
			2/14/2011	
/	mature of Registered Agent chalf of an entity:		Date	
	. Dickinson yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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