L36987

(Re	questor's Name)
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phoi	ne #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	ame)
- (Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		·
	··	





800286436768

06/08/16--01006--024



JUN 1 0 2016 C MCNAIR

COVER LETTER

Division of Corporations
SUBJECT: Hugh James, Inc.
Name of Corporation
DOCUMENT NUMBER: L36987
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:
Hugh J. Turbeville
Name of Contact Person
Firm/Company
P.O. Box 434
Address
Lakeland, Florida 33802
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hugh J. Turbeville Name of Contact Person at (863 640 - 6123 Area Code & Daytime Telephone Number)
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: Hugh James, Inc.	
2. The principal office address: 16 Lake Hollingsworth Dr.	
Lakeland, Florida 33803	
3. The mailing address (if different): P.O. Box 434	·
Lakeland, Florida 33802	
4. Date of incorporation/qualification: 12/14/1989 Document number: L36987	
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)	
Hugh Turbeville	
214 S. Lake Av.	
Lakeland, Florida 33801	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	3 K 7 I
(if changed): Hugh J. Turbeville 16 Lake Hollingsworth Dr	13.77 13.77 13.78 13.78
16 Lake Hollingsworth Dr.	3
P.O. Box NOT acceptable	70. 70.
Lakeland, Florida 33803	1.5. F.
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.	
Hugh J. Turbeville	
Signature of an office of director 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.	
June 3, 2016	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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