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R. WHITE

SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: SEVEN J Conponention Name of Corporation
DOCUMENT NUMBER: M 4/198
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:
JOHN C FRITZ Name of Contact Person
SEYEN J CORPORATION Firm/Company
2612 JAK GROVE AVE Address
ST. AUGUSTINE FC 32092 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To HN c Fairz at (904) 940 - 7715 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

TO:

Amendment Section

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.
1. The name of the corporation: SEVEN J CORPORATION
2. The principal office address: $26/00 S \omega 1/2 R = $
HOMESTEAD, FL 33032
3. The mailing address (if different): 2612 OAK GROVE AVE
ST AUGUSTINE, FL 32092
4. Date of incorporation/qualification: 11/05/1986 Document number: 1986
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)
JOHN CALVIN FRITZ
26100 5 W 112 AVE - 50 5
HOMESTEAD, FL 33032
6. The name and street address of the new registered agent (if changed) and /or registered office? (if changed): To HN CA(VIN FAITZ PO PO PO PO PO PO PO P
2612 CAK CROVE AVE
ST AUCUSTINE, FL 32092
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 of an officer or director Signature of an officer or director Signature of an officer or director Signature of an officer or director of
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 of Registered Agent Queget 23, 2013 Date
If signing on behalf of an entity:
Jo Hn Colvir Fain Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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