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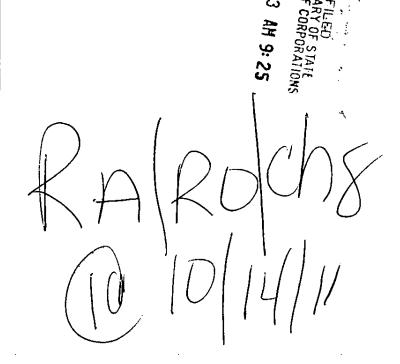
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Office Use Only



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COVER LETTER

SUBJECT:	Jacobs Way Homeov	wners Association, Inc				
DOCUMENT NUM	BER:N	04000001901				
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:						
		•				
·	Jaı	mes Long Contact Person				
	Name of	Contact Person				
	101.54					
		nent of North FL, Inc n/Company				
	• • • • • • • • • • • • • • • • • • • •					
	1038-5 Dun	n Ave - PMB #118				
-		Address				
	Jackson	ville, FL 32218				
City/State and Zip Code						
	iames@	Imgmtnfl.com				
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	A I	004	000 0500			
Ja Name	arnes A. Long	at (<u>904</u>) Area Code & Daytin	683-2569 ne Telephone Number			
	or commerciation					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Sec	ction			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section Division of Corporations

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Inge is submitted for a corporation organized under the laws of the State of		'his
	er to change its registered office or registered agent, or both, in the State of		
1. The name of	the corporation: Jacobs Way Homeowners Association,	Inc	
2. The principal	office address: 11936 Rolling River Blvd Jacksonville, FL 322	19	
3. The mailing	nddress (if different): 1038-5 Dunn Ave - PMB #118 Jacksonville	e, FL 322	218
4. Date of incor	poration/qualification: 02/23/2004 Document number:	N040000	001901
	d street address of the current registered agent and registered office on file vertment of State: (If resigned, enter resigned)	vith the	
	Jarnutowski, Sherrie		ili 11
	12187 Beach Blvd #301		SECRETARY VISION OF CO
	Jacksonville, FL 32246		200
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered o	office	AH 9: 25
	J&L Management of North FL, INc	_	
	11936 Rolling River Blvd	**************************************	
	P.O. Box NOT acceptable Jacksonville, FL 32219		
		-	
The street addr as changed will	ess of its registered office and the street address of the business office of be identical.	its register	red agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change.	an officer s	60
Signatu	re of an officer or director Printed or typed name and	Title	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here seems notified in writing of this change.	omplete pe red agent. eby confir	rformance Or, if this m that the
Some	A far 10/4/11		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
1 Ames	yped or Printed Name		

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