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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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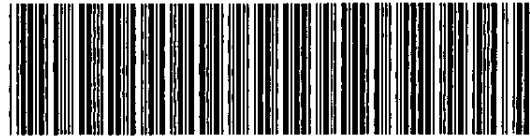
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

APR 13 2012

T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOB'S TEARS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N11000001645

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:

RANKO TUTULUJIZIJA  
Name of Contact Person

JOB'S TEARS, INC  
Firm/Company

6553 GULF GATE PL APT 347  
Address

SARASOTA, FL 34231  
City/State and Zip Code

rankotutu@yahoo.com

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

For further information concerning this matter, please call:

RANKO TUTULUJIZIJA at (941) 822 5852  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2012

RANKO TUTULUGDZIJA  
6553 GULF GATE PL APT 347  
SARASOTA, FL 34231

SUBJECT: JOB'S TEARS, INC.  
Ref. Number: N11000001645

We have received your document for JOB'S TEARS, INC. 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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 412A00010563

RECEIVED  
12 APR 12 AM 9:56  
TALLAHASSEE, FLORIDA

**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: JOB'S TEARS, INC.
2. The principal office address: NEW: 6553 GULF GATE PLACE APT #347  
SARASOTA, FL 34231
3. The mailing address (if different): OLD: 15501 BRUCE B. DOWNS APT #114  
TAMPA, FL 33647
4. Date of incorporation/qualification: 2/16/2011 Document number: N110000001645
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)  
OLD AGENT: US. CORP AGENTS, INC.  
13302 WINDING OAKS BLVD. Suite A  
TAMPA, FL 33647
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
NEW AGENT: LEANNE TUTULUGDZIJ  
6553 GULF GATE PL #347  
SARASOTA, FL 34231  
P.O. Box NOT acceptable  
NEW ADDRESS: 6553 GULF GATE PL #347  
SARASOTA, FL 34231

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.

RANKO TUTULUGDZIJ  
Signature of an officer or director

RANKO TUTULUGDZIJ  
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.

Leanne Tutulugdizija  
Signature of Registered Agent

4/9/12  
Date

If signing on behalf of an entity:

Leanne Tutulugdizija  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32304

CR2E045 (8/05)

**FILED**  
2012 APR 12 A 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA