

N11000011734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

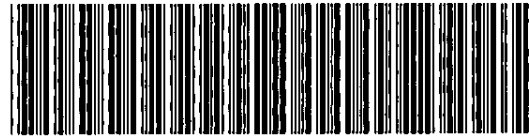
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J'SARAN, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N11000011734

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:

Dolmeshia D. Mitchell  
Name of Contact Person

J'SARAN, INC.  
Firm/Company

5800 Beach Blvd, Suite 203 PMB 273  
Address

Jacksonville, FL 32207  
City/State and Zip Code

jsaran11c@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dolmeshia D. Mitchell at ( 904 ) 868-8949  
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

CR2E045 (8/05)

\* PLEASE MAKE SURE THAT THE Principal, Mailing,  
REGISTERED AGENT & OFFICER/DIRECTOR DETAIL  
ADDRESS: PMB 15 273. Thank You

**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: J' SARAN, INC  
2. The principal office address: 5800 Beach Blvd, Suite 203, PMB 273  
Jacksonville, FL 32207  
3. The mailing address (if different): 5800 Beach Blvd, Suite 203, PMB 273  
Jacksonville, FL 32207  
4. Date of incorporation/qualification: 01/01/2012 Document number: N11000011734  
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)

Dolmeshia D. Mitchell  
5800 University Blvd  
Suite 203 PMB 273  
Jacksonville, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dolmeshia D. Mitchell  
5800 Beach Blvd  
Suite 203 PMB 273  
Jacksonville, FL 32207

P.O. Box NOT acceptable

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.

Dolmeshia D. Mitchell  
Signature of an officer or director

Dolmeshia D. Mitchell  
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.

Dolmeshia D. Mitchell  
Signature of Registered Agent

Dolmeshia D. Mitchell  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 32314

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TALLAHASSEE, FLORIDA

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