## DOCUMENT # N9400006072

1. Entity Name

JEFFERSON STREET BABY LAND, INC.

Principal Place of Business 328 JEFFERSON STREET DAYTONA BEACH FL 32114

Mailing Address

328 JEFFERSON STREET DAYTONA BEACH FL 32114

| 2. Principal Place of Business | 3. Mailing Address  |  |
|--------------------------------|---------------------|--|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |  |
| A                              |                     |  |

| 2. Principal Place of Business  |  | 3. Mailing Address                      |                  |  |   | - 1 1001/14/1 012 14/1/ 019/4 00/2/ 01/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ |  |           |           |                             |                          |            |
|---|--|---|------------------|--|---|---|--|-----------|-----------|-----------------------------|--------------------------|------------|
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                     |                  |  |   | DO NOT WRITE IN THIS SPACE  |  |           |           |                             |                          |            |
| City & State  |  | City & State                            |                  |  | -   | 4. FEI Number 59-3259331  |  |           |           | 1                           | pplied For ot Applicable |            |
| Zip   |  | Country                                 | Zip              | Cou  | intry                                       |   | 5. Certificate of Status Desired   \$8.75 Fee Re |           |           |                             |                          | ditional   |
|   | 6. Name  | and Address of Current                  | Registered Agent |  | 7. Name and Address of New Registered Agent |   |  |           |           |                             |                          |            |
|   |  |   |                  |  | Name  |   |  |           |           |                             |                          |            |
| ANTHONY, JOAN<br>457 S RIDGWOOD AVE<br>DAYTONA BEACH FL 32114   |  |   |                  | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |           |           |                             |                          |            |
|   |  |   |                  |  | City  |   |  | FL        |           | Zip Coo                     | Zip Code                 |            |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. |  |   |                  |  |   |   |  |           |           |                             |                          |            |
|   | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |                  |  |   |   |  |           |           |                             |                          |            |
| FILE NOW: 9. Election Campaign Finar FEE IS \$61.25 Trust Fund Contribution.  |  |   |                  | ng 🗆   | Added to Fees Departme                      |   |  |           | tment     | k Payable to<br>nt of State |                          |            |
| 10.   |  | OFFICERS AND DIF                        | RECTORS          | 11.  |   | ADI   | DITIONS/CHA                                      | NGES TO O | FFICERS A | ND DIR                      | ECTORS IN                | N 10       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 1801 LAI   | ACQUELEN<br>URA DR<br>A BEACH FL 32119  | ☐ Delete         | 1  |   |   |  |           |           | ,                           | ☐ Change                 | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>ROTHWEI<br>539 S KE  | l, Brain                                | ☐ Delete         |  |   |   |  |           |           |                             | ☐ Change                 | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>JOHNSON<br>1645 THIF  | I, LAWANDA                              |                  |  |   |   |  | n)        |           | ,                           | ☐ Change                 | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>MALONE,<br>341 JEFF   | RODERICK<br>FERSON ST<br>BEACH FL 32114 | □ Delete         |  |   |   |  |           |           |                             | ☐ Change                 | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DAYTONA  | GLADYS<br>ERSON ST<br>BEACH FL 32114    | □ Delete         | •  |   |   | ,  |           |           |                             | ☐ Change                 | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>MALONE,<br>341 JEFFE<br>DAYTONA  |   | □ Delete         |  |   |   |  |           |           |                             | □ Change                 | Addition   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.