# P00000047300

(Requestor's Name)
(Address)
(100000)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500022520185

09/22/03--01021--018 \*\*35.00

O3 OCT -8 PH 1:50

Moso, o.

#### Law Offices of

## MATTHEWS & HAWKINS, P.A.

607 Highway 98 East Destin, Florida 32541 (850) 837-3662

Facsimile: (850) 654-1634

GRAYTON BEACH OFFICE: 35 Clayton Lane Santa Rosa Beach, Florida 32459 (850) 534-0200

Facsimile: (850) 534-0203

\* Also admitted to practice in Texas

MARY K. KRAEMER

of Counsel

DANA C. MATTHEWS

DANIEL C. O'ROURKE

RICHARD A. KRAUSE

WANDA J. CLAPP MARK R. MCMULLEN

LORI ELLEN WARD

JOHN W. HAWKINS\*

September 18, 2003

Florida Department of State Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: J.K.P. - Waveland, Inc.

Dear Sir/Madam:

Please find enclosed herewith for filing with regard to the above referenced corporation Articles of Amendment. Also enclosed is a check in the amount of \$35.00 for the filing fee of same. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Kristie Byrd

Assistant to Lori Ellen Ward

:kb

Enclosure: as stated



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 26, 2003

LORI ELLEN WARD 607 HIGHWAY 98 EAST DESTIN, FL 32541

SUBJECT: J.K.P. - WAVELAND, INC.

Ref. Number: P00000047300

We have received your document for J.K.P. - WAVELAND, 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) 245-6916.

Letter Number: 603A00053141

Carol Mustain Document Specialist

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement o Florida	f change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State
of Florida.	in order to change as registered office or registered agent, or both, in the state
1. The name of	the corporation: J. K. P Waveland, Inc.
2. The principal	office address:
3. The mailing	address (if different): Post Office Box 576, Destin, Florida 32540
4. Date of incor	poration/qualification: May 8, 2000 Document number: P00000047300
	d street address of the current registered agent and registered office on file with the rtment of State:
	Michael D. Tidwell 역 기계
	811 North Spring Street
	Pensacola, Florida 32501
6. The name and changed):	nd street address of the new registered agent (if changed) and /or registered office (if
	Lori Ellen Ward
	607 Highway 98 East  (P.O. Box or personal mailbox NOT acceptable)
	Destin, Florida 32541
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signature of an office	J. K. Patel, President (Printed or typed name and title)
I further agree performance of registered ager office address,	t 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 complete f my duties, and I am familiar with and accept the obligation of my position as nt. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
If signing on beha	If of an entity:

(Capacity)

(Typed or Printed Name)